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ABSTRACT

This factbook presents 87 pages of pictures, graphs, diagrams, quotations, statistics, and text aimed at portraying the current status of children in America. The major areas examined include: (1) children in poverty; (2) child health; (3) family changes and day care; and (4) special child care needs for handicapped, abused, or neglected children. (JMB)

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America's Children 1976

A BICENTENNIAL ASSESSMENT

A factbook about
children in poverty,
child health problems,
changes in American family structure,
child care needs,
and
federal programs serving children

PS 008625

NATIONAL COUNCIL OF ORGANIZATIONS
FOR CHILDREN AND YOUTH

INTRODUCTION

The social indicators that tell us about families and children in America have undergone disturbing changes in recent years. This Factbook records some progress in child health and well-being, but it also reveals some discouraging and puzzling changes.

The most telling statistic is that although the total number of children is now decreasing, due to falling birth rates, a larger proportion of American children are poor today than were poor in 1970. Our steady progress over several decades in reducing poverty among children has apparently halted.

Perhaps equally important are facts about the family structures into which American children are born. Economic necessity combined with changing attitudes of and about women seem to have led us into a transitional period: women are increasingly joining the labor force and undertaking single responsibility for bringing up children, without the economic equality or the social service supports which are necessary to provide for the development of their children.

The problems of child health documented here are to some extent the problems of health care for all Americans, young and old. But some are special problems for children: in spite of great progress in conquering traditional causes of newborn deaths and childhood diseases, we have not yet begun to overcome the many causes of death, handicaps and illness that stem from poverty, malnutrition, and inadequate prenatal care. The inequities that characterize health services for children in poverty are very great.

And for those children who suffer from special handicaps or the tragedy of child neglect and abuse, the needs for special care and learning facilities, or new temporary or permanent homes, are far greater and more varied than public programs now accommodate.

The constellation of child health and child care problems outlined in this Factbook bears most heavily on children who are poor. Particularly in need are young parents with young children. But the changes also strongly affect middle class families of all ages. Public policy solutions are necessary for the sake of all American children.

The National Council of Organizations for Children and Youth compiled this current information about children to underline discussions at its Bicentennial Conference on Children held in Washington, D.C. on February 1-4, 1976. This Factbook documents some of the deep concerns to which our member organizations continue to direct their efforts. Our mutual commitment is to reform American public policies so as to alter the disquieting facts in this record.

This Factbook was prepared under the direction of Virginia Fleming.

Major research and editorial assistance was provided by Eleanor S. Szanton and Sarah A. Holden.

Additional research was done by Sally C. McElroy, Tom Hebert, Ruth Anne deMouy and Gloria Panton.

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Part I
America's Children

"I think it's close to a national scandal. As long ago as 1915, and before, we were anguishing as a nation over public responsibilities toward children, and we've not really much progressed beyond that anguish."

Dr. C. Arden Miller
ABC News. July. 1974

"The easiest people to ignore in American society are children. They usually accept being cheated with equanimity. They don't strike, they are just there."

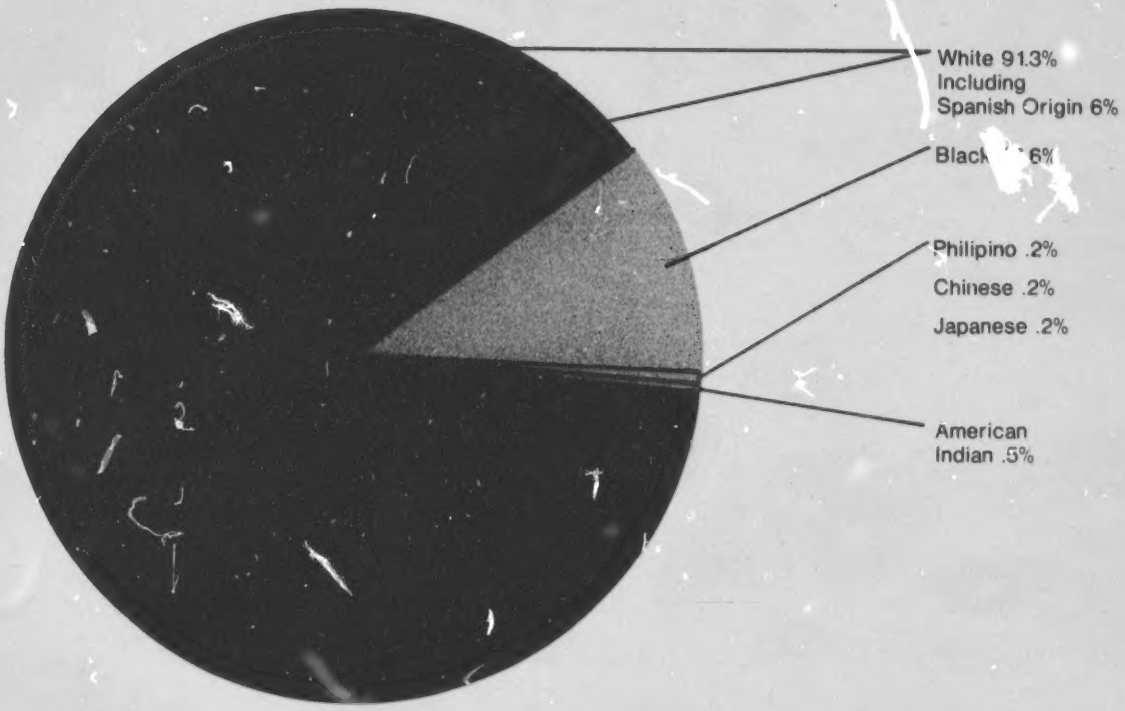
Senator Walter F. Mondale
ABC News. July. 1974

BABY

ABOUT ONE-THIRD OF AMERICA'S POPULATION IS UNDER 18 YEARS OLD: 66 MILLION CHILDREN. SOME 20 MILLION CHILDREN ARE UNDER SIX YEARS OLD.

AMERICAN CHILDREN REFLECT THE NATIONAL RACIAL MIXTURE; THE GREAT MAJORITY OF THEM ARE WHITE

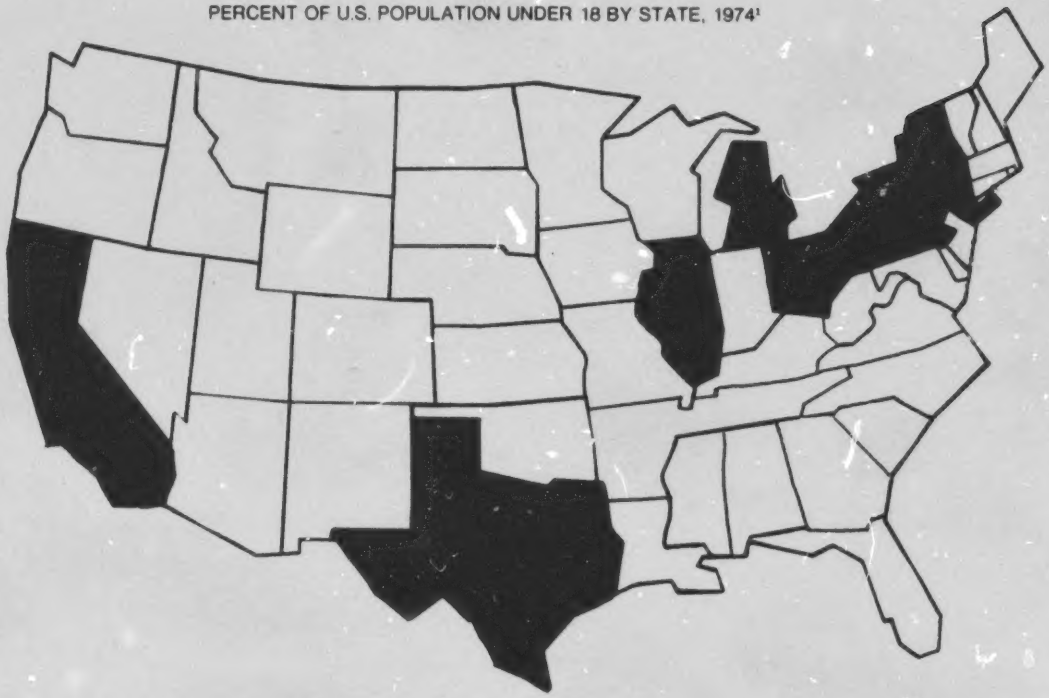
RACIAL DISTRIBUTION OF
AMERICAN CHILDREN
1970[1]



[1]Bureau of the Census, *1970 Census Special Reports*

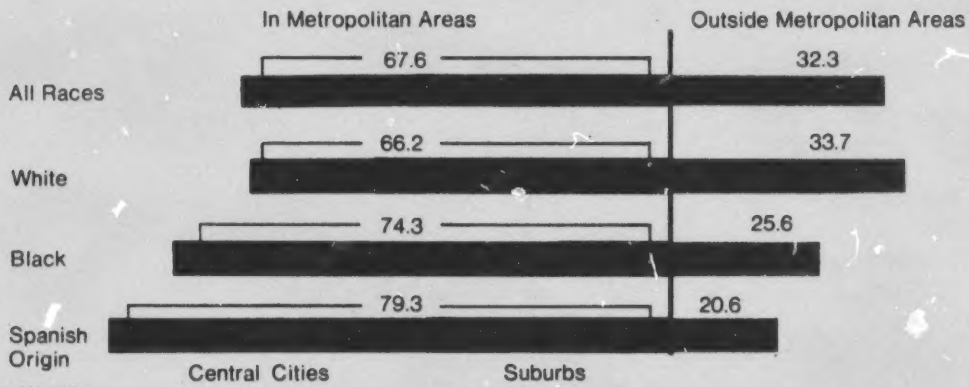
MORE THAN THREE QUARTERS OF AMERICAN CHILDREN ARE CONCENTRATED IN SEVEN STATES

PERCENT OF U.S. POPULATION UNDER 18 BY STATE, 1974[1]



MORE THAN TWO-THIRDS OF AMERICAN CHILDREN LIVE IN METROPOLITAN AREAS, MORE OF THEM IN THE SUBURBS THAN IN THE CENTRAL CITIES.

CHILDREN BY RESIDENCE, RACE, AND SPANISH ORIGIN
1974[2]



[1]Bureau of the Census, Series P-25, No. 539, 1975.
[2]Bureau of the Census, Series P-23, No. 55, 1975

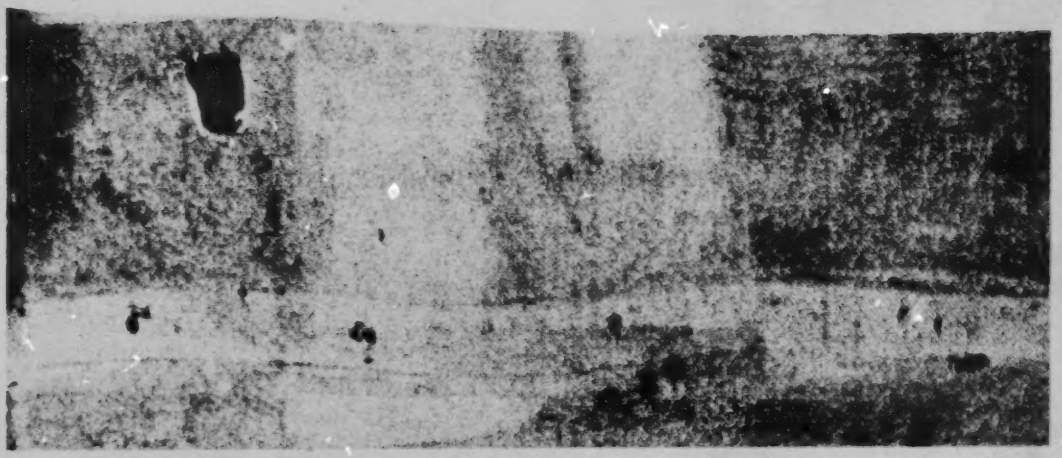
Part II
Children In Poverty

"My children have troubles. In school they tell them they need to have their eyes looked at, and their teeth. They say I'm not feeding them the right food. . . . I'm trying, I am. I'm going to do it; I'm going to get the children looked at someplace, in a hospital, and buy them the clothes that they need. All I lack is the money, then I can go and do those things they tell you to go do: take the taxis, and visit the teachers, and go to the hospital, and demand your rights at the welfare office, and all that."

A mother to Robert Coles,
in Children of Crisis, *1967*

"In a system for poor children, the first limit reached is the amount of money that the nation is willing at any given time to spend on poor children. The *requirements* of poor children are not in focus at all, let alone the requirements of children in general."

Alvin Schorr
Children and Decent People, *1974*



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As we enter this third century of American history, one of every four American children lives in poverty. There are more children below the official poverty threshold in 1976 than there were in 1970. More than *17 million* children live below the true poverty standard, in economic conditions which deprive them of adequate opportunity for growth and development.

The data in this section further indicate that for some categories of American children—those who live in certain regions, in larger families, in less educated families, in families headed by a woman, and in minority families—as many as half are living in poverty.

The toll, both for the children and for the society they will help to shape, is tremendous. These poor children will have less opportunity for education, will earn less as adults, will have poorer health and development, and will be more caught up in delinquency and crime.

Only about 8 million of these poor children live in families which are minimally helped by public assistance payments. Millions of them have a parent in the labor force—and are still very poor because their family is so large, or the available wages so low. Nearly *two million* of these children live in poverty although *both* their parents are working.

Whatever their circumstances, for more than 17 million children poverty is a fact of the life into which they were born, a condition over which they have no control. Until this basic condition changes, efforts to meet their needs for decent health, housing and education cannot succeed.

WHAT IS POVERTY?

There are several standard definitions of poverty used by government agencies and researchers. The official federal "poverty line", reflected in Census Bureau tabulations, is based on a formula related to an "economy food plan" and size of family; it is adjusted annually to reflect changes in the Consumer Price Index. In 1974, the threshold for a non-farm family of four (two parents and two children) was $5,038; for a family of five, $5,950; for a family of six, $6,699.

A more realistic estimate of what constitutes poverty is another commonly used measure: families living on less than 50 percent of the median income. In 1974, that figure nationally was about $7,500 for a family of four, or about 150 percent of the official poverty definition. This more accurate standard is very close to the Department of Labor minimum income standard, which is computed from estimates of food, housing and other costs. It is well below the standard of 195 percent of poverty set by Congress for eligibility for reduced price school lunches.

A budget of $7,500 generally permits no major medical expenses, no savings, no child care expenses, less than $150 a month for housing, about $50 a week for food. Along with many other commentators, we consider this a more accurate definition of a minimum income floor.

Where possible, data keyed to this *true poverty standard* are included in this Factbook.

MORE THAN SEVENTEEN MILLION AMERICAN CHILDREN LIVE IN FAMILIES WITH INCOMES TOO LOW TO PROVIDE ADEQUATELY FOR THEIR DEVELOPMENT[1]

- In 1974, **10.2 million children** under 18 lived in "official" poverty. More than 3 million of them were under six years of age, at a critical stage of developmental need.

- In 1974, nearly **14 million children** lived in families with incomes less than about $6,300—the "125 percent of poverty" indicator that qualifies families for many government assistance programs. Of these, about 4.5 million were under six.

- In 1974, **17.6 million children** lived in families with incomes less than the **true poverty standard**—$7,500 or 150 percent of "official" poverty income. Of those, about 5.5 million were under six.

[1]Unpublished tabulation from the Bureau of the Census. Figures do not include institutionalized children.

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THE PROPORTION OF CHILDREN IN POVERTY DECLINED DURING THE 1960'S, BUT THAT PROGRESS STOPPED IN THE 1970'S. THIS FACT IS ALL THE MORE SIGNIFICANT BECAUSE THE TOTAL NUMBER OF CHILDREN HAS STEADILY DECLINED.

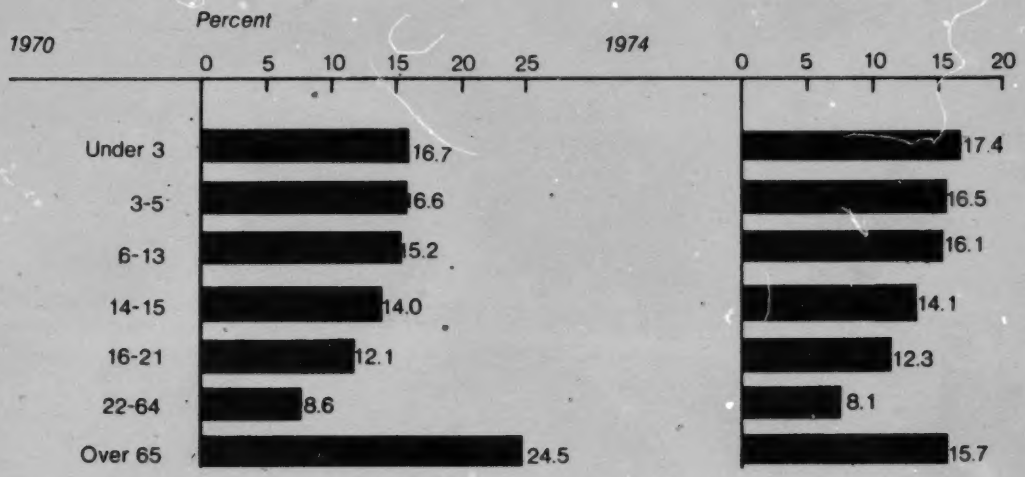
CHILDREN UNDER 18
LIVING IN FAMILIES BELOW
OFFICIAL POVERTY LEVEL
1960-1974[1]

	Number	*Percent*
1960	17,288	26.5
1970	10,235	14.9
1971	10,344	15.1
1972	10,082	14.9
1973	9,453	14.2
1974	10,196	15.5

Although the figures for 1975 are not yet available, all the signs point to an even higher number and percentage for 1975.

CHILDREN ARE THE POOREST GROUP IN OUR SOCIETY, AND THE GROUP MAKING LEAST PROGRESS OUT OF POVERTY.

PERCENT OF POPULATION BY AGE
BELOW OFFICIAL POVERTY LEVEL
1970 AND 1974[2]

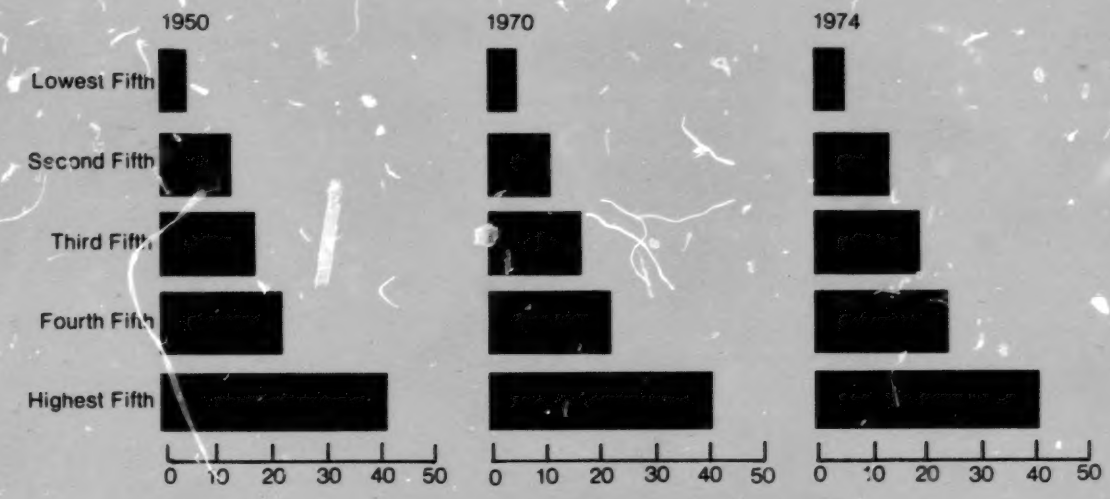


[1]Bureau of the Census, Special Tabulation.

[2]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 19, and *Supplementary Report on the Low Income Population, 1966-72*, Series P-60, No. 95, Table 1.

ALTHOUGH THE STANDARD OF LIVING IS RISING, AND THE NATIONAL MEDIAN INCOME WAS $12,840 IN 1974, THE DISTRIBUTION OF MONEY INCOME AMONG THE POPULATION HAS NOT BECOME MORE EQUAL IN RECENT YEARS.

PERCENT OF TOTAL MONEY INCOME TO EACH FIFTH OF THE POPULATION[1]



Economists dispute the extent to which the Census reports of money income among quintiles are accurate at both the lower and upper ends, where income tends not to be fully reported. Many in-kind distributions such as Food Stamps and Medicaid are not recorded in the income of poor people. On the other hand, income from capital may be unrecorded in Census data by as much as 400 percent.[2]

WEALTH IN AMERICA IS EVEN MORE CONCENTRATED THAN INCOME. THE TOP FIFTH OF THE POPULATION HAS THREE-QUARTERS OF THE ASSETS, THE BOTTOM FIFTH VIRTUALLY NONE.[3]

[1]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 4, and Robert J. Lampman in *The Public Interest*, Winter, 1974.

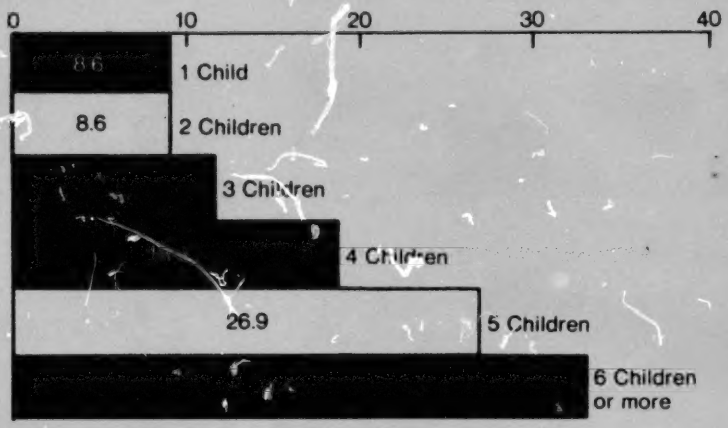
[2]Lester Thurow, Massachusetts Institute of Technology, "The Distributions of Earnings and Wealth", 1975.

[3]*Ibid.*

NATIONAL AVERAGES OF CHILDREN IN POVERTY OBSCURE GREAT DIFFERENCES AND INEQUITIES AMONG DIFFERENT GROUPS OF CHILDREN. ALTHOUGH MOST POOR FAMILIES ARE WHITE WORKING CLASS AMERICANS, LARGE FAMILIES, LESS EDUCATED FAMILIES, RURAL AND SOUTHERN FAMILIES, FAMILIES HEADED BY WOMEN, AND MINORITY FAMILIES ARE MORE LIKELY TO BE POOR.

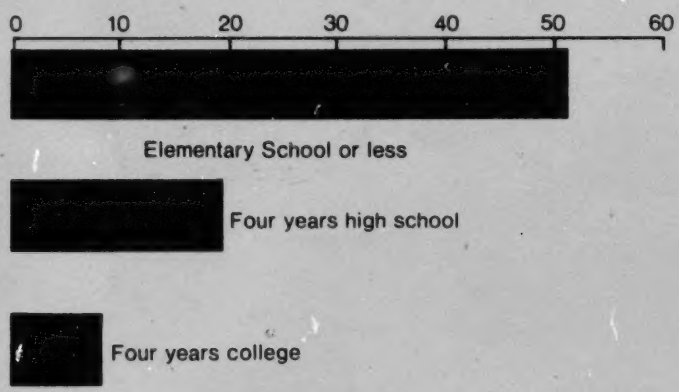
Families with four or more children are much more likely to be poor than those with three or less.

PERCENT OF FAMILIES BELOW OFFICIAL POVERTY LEVEL BY FAMILY SIZE, 1973[1]



The less schooling a family head has, the more likely the family is to be poor.

PERCENT OF FAMILIES WITH INCOMES UNDER $8,000, 1973[2]



[1]Bureau of the Census, *Characteristics of the Low-Income Population: 1973*, Series P-60, No. 98, Table 23.
[2]Bureau of the Census, *Money Income in 1973*, Series P-60, No. 97, Table 7.

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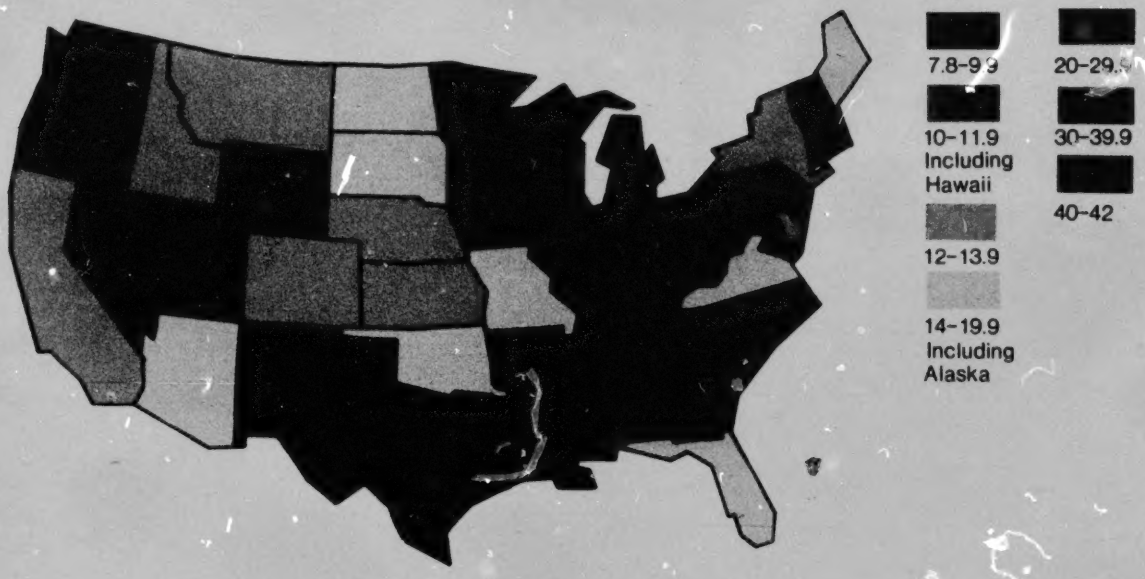
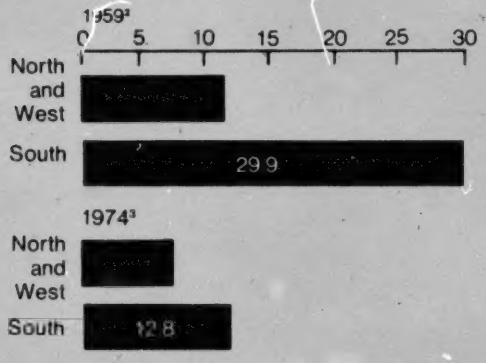
In some states more than 20 percent of the children are very poor, in others, less than 12 percent.

PERCENT OF CHILDREN BELOW OFFICIAL POVERTY BY STATE 1970[1]



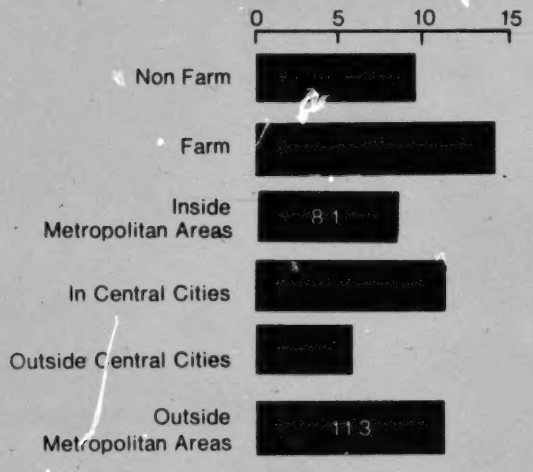
Families in the South are more likely to be below the official poverty threshold although the differences among regions have diminished over the last fifteen years.

PERCENT OF FAMILIES THAT ARE POOR BY REGION



Rural and central city families are more likely to be very poor than suburban families.

PERCENT OF FAMILIES THAT ARE POOR URBAN AND RURAL 1974[3]



[1]Bureau of the Census. Special Tabulation.

[2]Bureau of the Census. *Characteristics of the Low Income Population 1973*. Series P-60, No. 98, Table 3.

[3]Bureau of the Census. *Money Income and Poverty Status 1974*. Series P-60, No. 99, Table 21.

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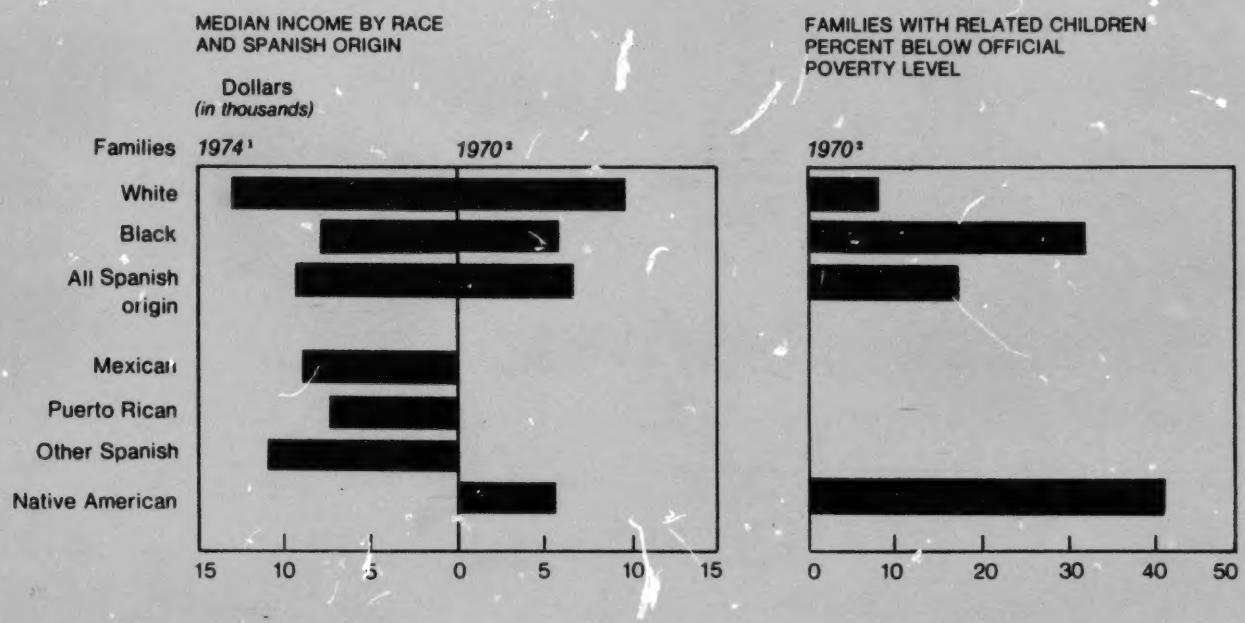
Children in minority or Spanish origin families are much more likely to be poor than other children.



- In 1974, children in black families were three and a half times as likely to be officially poor as were white children.[3]

- In 1974, 41 percent of all black children lived in families below the official poverty standard; only 13 percent of white children did.[4]

- Although the proportion of poor black children declined substantially in the 1960's, almost no progress has been recorded in this decade. Black men who head families are increasing their relative earnings, but a growing proportion of black children live in families headed by women, and are thus in poorer families.

[1]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 1.
[2]Bureau of the Census, *Special Subject Reports of the 1970 Census*.
[3]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 15.
[4]Bureau of the Census, Special Tabulation.

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The children most likely to be poor are those in families headed by a woman.

- Of all children in families headed by a woman, 51.5 percent are living below the official poverty level. Only 8.7 percent of children in families headed by a man are that poor.[1]

- Of all young children under six in families headed by a woman, 61.4 percent are below the official poverty level.[1] Almost 80 percent are below the true poverty standard.[2]

- The median income of families headed by a woman is far below that of husband-wife families

MEDIAN INCOMES 1974[3]

(See also page 62)

[1]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 17.
[2]Bureau of the Census, Special Tabulation.
[3]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 1.

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Federal Income Support for Poor Families

A NUMBER OF FEDERAL PROGRAMS ATTEMPT TO ALLEVIATE THE CONDITIONS OF POVERTY, ALTHOUGH FEW OF THEM ARE SPECIFICALLY ADDRESSED TO THE NEEDS OF CHILDREN.

THOSE OF MOST BENEFIT TO CHILDREN IN THE FORM OF CASH TO FAMILIES ARE:

Aid to Families with Dependent Children

These payments to families with dependent children were originally intended to allow women in poverty with young children to remain at home instead of working, although that purpose is no longer central. It is a federal-state matching program; the federal share of the payment is 50 percent in industrialized states and up to 80 percent in the non-industrialized ones. AFDC is administered by the individual states, which set eligibility and benefit levels. Average payment: $212.90 per month per family. Range of payments: $50 in Mississippi to $360 in Massachusetts. In 1973, 46.9 percent of recipients were white, 45.8 percent black, 1.1 percent Native American; 13.4 percent of whites were of Spanish origin. By 1975, about three-quarters of recipients were families headed by a woman. In that year, payments of some $8.5 billion reached 11 million recipients, 8 million of whom were children.[1]

Unemployment Compensation

A social insurance program financed by employer contributions intended to maintain a worker's income (usually 50 percent of his weekly wage) for a temporary period of involuntary joblessness. The recipient must be able and willing to accept employment. The program is a federal-state partnership: the federal government pays for administration and the states pay the benefits. In recent years, extension of benefits past an initial period has been financed to an increasing degree by the federal government. Under recent temporary national legislation, all workers in the labor force are covered by unemployment compensation. Twelve states have small dependents' allowances in addition to a percent of the weekly wage.

Social Security Survivor or Disability Benefits

Administered by the federal government; payments come from the Social Security Trust Fund through employer and employee taxes. Survivors or dependents of those holding social security benefits who die or become disabled receive payments, which ranged in 1973 from $50 to $222 per month for dependents of disabled workers, and averaged $208 for surviving children under 18. In 1975, 3.8 million children under 18 received benefits, as did 740,000 students 18 to 21.[2]

[1]National Center for Social Statistics, *Public Assistance Statistics*, Report A-2, October, 1975, and *Findings of the 1973 AFDC Survey*, 1974.

[2]*Social Security Bulletins*, 1973 and 1975.

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Supplemental Security Income (SSI)

A program designed to provide a guaranteed minimum income for the aged, blind and disabled. In 1975, of over 4 million recipients, 103,190 were children. Of those children, 99,457 were disabled, and 3,733 blind. They received average monthly benefits of $118 and $143 respectively. Responsible estimates are that only about one-third of the eligible children are reached in this program.[1]

Veterans Benefits

Survivors or dependents of veterans who die or are disabled in the service receive benefits from the federal government. Nearly half a million children of veterans received payments in 1975, totalling about $325 million.[2]

THOSE OF MOST BENEFIT TO CHILDREN IN THE FORM OF IN-KIND ASSISTANCE ARE:

Food Stamps

Food stamps are intended to improve the nutritional standard of low-income families. The program is entirely funded by the federal government; the Department of Agriculture sets eligibility and benefit levels. The states administer the program. Participants buy food stamps, according to a formula based on income and family size, for a cost less than the value of the food to be bought. Some 18.5 million families use Food Stamps at present, of about 30 million eligible families. Only about half of families in official poverty are presently enrolled in the program. Participation rates vary from 15 percent in South Dakota to 78 percent in the District of Columbia. 65 percent of recipients have incomes below $4,000, 92 percent below $7,000. Two-thirds of food stamp households are headed by women.[3]

Other services

A variety of social services is funded through state grants in Titles IV and XX of the Social Security Act. Large proportions of these funds are devoted to day care for children of working mothers, and other child welfare services.

Educational and developmental services to low-income children are provided through programs such as Title I of the Elementary and Secondary Education Act and Head Start.

Child health programs, Medicaid, and benefits provided by the Child Nutrition Act are described on pages 46 and 47.

[1]Social Security Bulletins, 1973 and 1975, and Hearings before the Subcommittee on Public Assistance of the Committee on Ways and Means, U.S. House of Representatives, June, 1975.

[2]Summaries from Veterans Administration.

[3]USDA Report to Senate Agriculture Committee, June, 1975, and *Facts About Food Stamps*, National Food Stamp Information Committee, December, 1975.

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WITHOUT THESE GOVERNMENT TRANSFER PROGRAMS, THE POOREST FAMILIES IN AMERICA WOULD BE FAR WORSE OFF THAN THEY NOW ARE.

Such programs account for 44 percent of the money income of the poorest fifth of Americans. Services and in-kind assistance account for considerable additional support.[1]

AND YET, THERE ARE MANY NEGATIVE ASPECTS TO THE PRESENT SYSTEM OF INCOME SUPPORT.

- AFDC payments are too small to provide a decent standard of living. In the lowest states a mother receives only $12.50 a week to take care of two small children. Even in the states with the highest payments, the weekly income of $90 does not provide a family income equal to the true poverty threshold.[2]

- Since in more than half the states payments cannot go to households with an employable male, the AFDC program tends to encourage the breakup of families.

- The disorganized pattern of aid, with different regulations and qualifications for each, creates an extra burden for the welfare recipient and bureaucratic confusion for local and state administrators.

- Efforts at quality control and prevention of "cheating" produce harassment of recipients without accomplishing their purpose.

- The tax on earnings (lost benefits in both cash and services) for those who go to work, especially women with low earning potential, sometimes discourages recipients from supplementing their income with jobs.

[1]Lester Thurow, Massachusetts Institute of Technology, unpublished paper, 1975.
[2]National Center for Social Statistics, *Public Assistance Bulletins*, 1975.

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Federal Expenditures for Children and Youth
Fiscal Years 1960–76
(amounts in billions)

Category	Annual Expenditures						Outlay Increases	
	1960	1969	1972	1974	1975 est.	1976 est.	1960–1969	1969–1970 est.
Cash benefits	$ 2.0	4.7	7.0	9.8	12.2	13.8	2.7	9.1
Health	$ .4	1.5	2.3	2.4	2.8	2.9	1.1	1.4
Food	$ .3	.8	2.0	2.1	2.6	2.6	.5	1.8
Education	$ 1.1	5.8	6.9	9.0	10.6	9.3	4.7	3.5
Manpower Programs	$ –	1.0	1.7	1.9	2.5	2.5	1.0	1.5
All other	$ .2	.8	1.5	2.3	2.8	2.8	.6	2.0
Total for children	$ 4.0	14.6	21.4	27.5	33.5	33.9	10.6	19.3
Total budget outlays	$ 92.2	184.6	231.9	268.4	313.4	349.4	92.4	164.8
Percent for children	4	8	9	10	11	10	11	12

Estimates prepared by Michael S. March, Ph.D., Professor of Public Affairs, University of Colorado at Boulder. Based on 1968 Children's Bureau publication "Federal Programs Assisting Children and Youth" originally shaped by Dr. March, and on successive issues of Special Analyses, Budget of the United States Government, 1968-1976. Estimates for 1975 and 1976 reflect rising outlays for welfare and unemployment compensation benefits for families hit by economic recession. Figures omit many billions of dollars of special tax benefits affecting families.

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Part III
Child Health

"My son had a seizure at home and he passed out. I . . . went by the police station and was led to a hospital by the name of St. George's here in the neighborhood. . . . The doctor didn't even look at him or put his hand on him at St. George's, but in the meantime they interviewed me to find out my history of my financial arrangements, my insurance and this and that . . . So we left this hospital and drove all the way from 79th over here to County hospital where my son died. . . . "

A parent testifying before U.S. Senate, 1971

"A few weeks ago my handicapped child, which is an epileptic, fell down. He had a big blow in his eye, the pain was terrible. I had to call somebody to lend me money to bring him to the hospital. After he stayed there an hour and a half and crying, because my child was in such terrible pains, the hospital told me there was no doctor to see me, only assistants, attendants . . . So I really was crying on the way—I had to walk eight more blocks to bring him to another hospital. And in that other hospital they said we don't have a specialist in the eyes at this hour because poor people cannot get sick after 5:30 on Saturdays and Sundays in this city. . . . "

A parent testifying before U.S. Senate, 1971

"No one ever looked at my teeth, and they're not good, I'll admit, but you can't have everything, that's what I say, and that's what my kids have to know, I guess."

A parent to Robert Coles
in Children of Crisis, *1967*

Lucerne
Lucerne
FINEST SAFEWAY

There are many aspects of child health in this country of which Americans can justifiably be proud: mortality of infants and children is decreasing, and medical knowledge is available to wipe out or greatly diminish the incidence of disease and disability.

The pages that follow summarize the hazards to the survival of infants and children, and document the general state of child health or illness. They also outline outstanding health problems, and major federal health programs now in place to meet them.

Several important conclusions can be drawn from these statistics:

- Americans know more about good health than they put into practice; better delivery systems are more important than more medical knowledge.

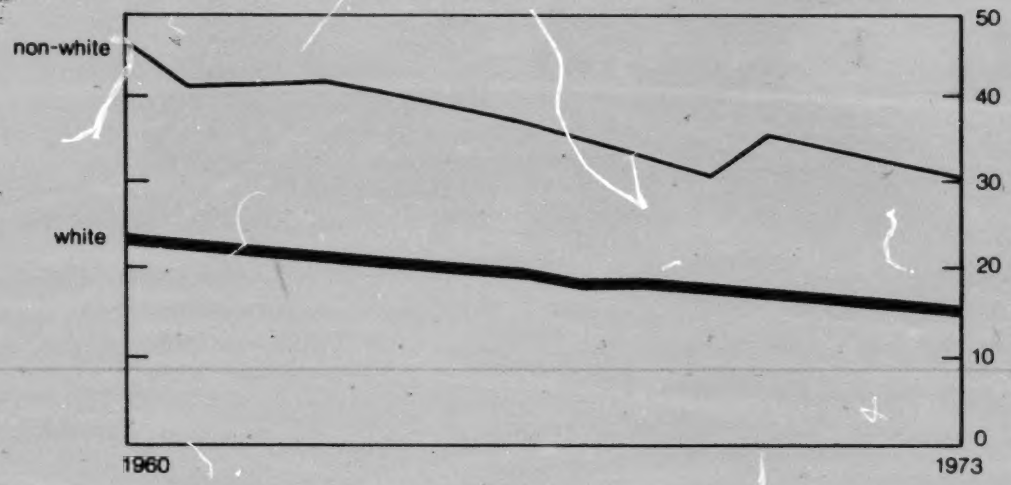
- Poor health among America's children today is often bound up in the conditions of life: poverty, social stress and mores, the absence of good health education, marketing of valueless or damaging products, environmental pollution.

- Proper preventive care and treatment are only available to some of us: the poor, racial minorities, and those who live in certain parts of the country lack the services and manpower that are available to others.

- Rising costs may increase those inequities and make progress in good child health care more elusive.

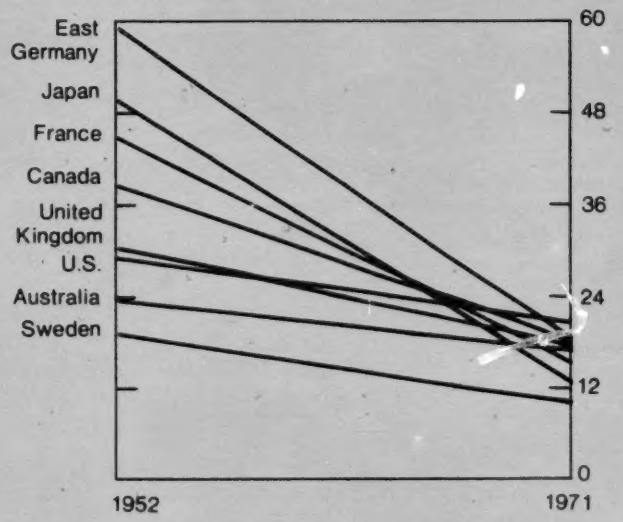
OUR CHILDREN HAVE A MUCH GREATER CHANCE OF SURVIVING THE FIRST YEAR OF LIFE THAN THEY USED TO: 982 OF EACH 1000 LIVED TO AT LEAST AGE 1 IN 1973. BUT THE MORTALITY RATE FOR NON-WHITES IS DOUBLE THAT FOR WHITES.

U.S. INFANT MORTALITY RATES BY RACE, 1960 to 1973[1]



CONTRARY TO WHAT MOST AMERICANS BELIEVE, OUR INFANT MORTALITY RATES ARE NOW HIGHER THAN SIXTEEN OTHER COUNTRIES, AND DROPPING MORE SLOWLY THAN A NUMBER OF OTHER COUNTRIES. COMPARED TO THE MORTALITY RATES OF OTHER COUNTRIES, THAT OF WHITE AMERICAN INFANTS RANKS 8TH, THAT OF NON-WHITE AMERICANS 31ST.[1,2]

INFANT MORTALITY RATES OF INDUSTRIALIZED COUNTRIES, 1952-1971[3]



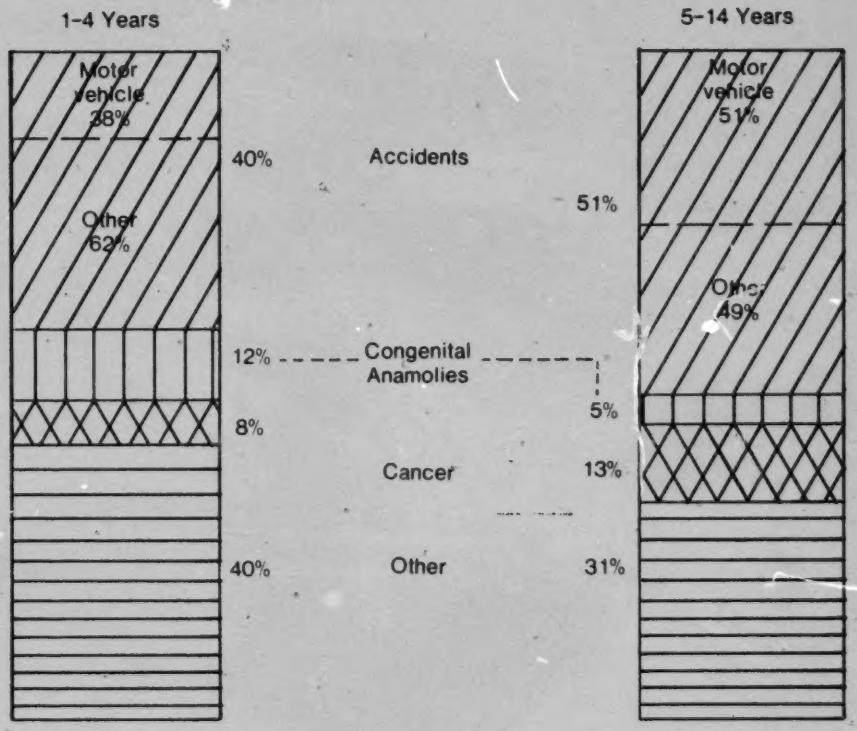
[1]DHEW, NCHS, *Monthly Vital Statistics Report, Summary Report: Final Mortality Statistics, 1973*, Table 4
[2]DHEW, NCHS, "Infant Mortality Rates Selected Countries 1973", mimeo
[3]U. Bronfenbrenner, "The Origins of Alienation", *Scientific American*, August, 1974, p. 4

OUR CHILDREN HAVE A MUCH GREATER CHANCE OF SURVIVING TO AGE 20 THAN THEY USED TO: DEATH RATES DROPPED 50 PERCENT BETWEEN 1950 AND 1972. BUT, THE DEATH RATE FOR NON-WHITE CHILDREN REMAINS ALMOST TWICE THAT OF WHITE CHILDREN.[1]

MANY OF THE 26,825 DEATHS OF CHILDREN AGE 1-15 IN 1973[2] COULD HAVE BEEN PREVENTED.

- Accidents are the leading cause of child death, with motor vehicles, drowning, and fire taking the largest toll.[1]
- The rate of accidental death for school age children is rising.[3]

LEADING CAUSES OF DEATH AMONG CHILDREN: 1973[4]



[1]DHEW, NCHS, unpublished data.
[2]DHEW, NCHS, *Monthly Vital Statistics Report, Final Mortality Statistics, 1973*, Table 2.
[3]Social Research Group, George Washington University, *The Status of Children 1975*, p. 6.
[4]DHEW, NCHS, *Monthly Vital Statistics Report, Summary Report, Final Mortality Statistics, 1973*, Table 6.

THE MOST IMPORTANT FACTORS GOVERNING CHILD HEALTH COME INTO PLAY BEFORE BIRTH. MANY OF THEM WE KNOW HOW TO CONTROL, BUT NEGLECT DOING SO. A BABY IS LIKELY TO GROW INTO A HEALTHY CHILD AND ADULT WHEN ITS MOTHER:

- had good nutrition as a child
- has good nutrition during pregnancy[1]
- begins pre-natal care early in pregnancy
- is between 20 and 35 years old
- has a good education
- is in good health
- has not been pregnant recently[2]

LACK OF THESE CONDITIONS GREATLY INCREASES THE LIKELIHOOD OF LOW BIRTH WEIGHT (UNDER 51/2 LB.) AND BIRTH DEFECTS.

Low birth weight:

- is associated with almost half of all infant deaths[3]
- substantially increases the likelihood of birth defects[4]
- is three times as likely when mothers have no pre-natal care[5]
- is proportionately highest among children whose mothers are under 15.[2]

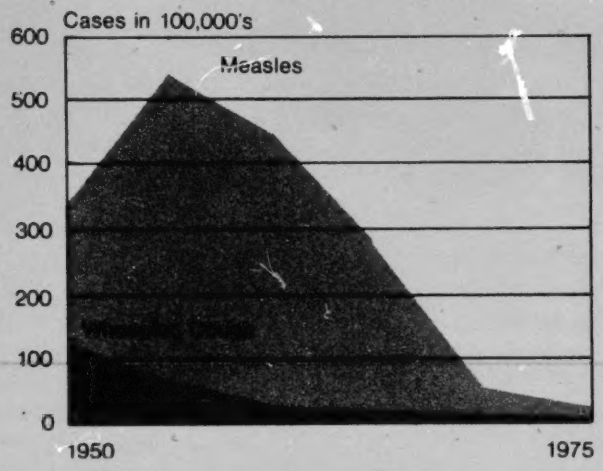
Birth Defects:

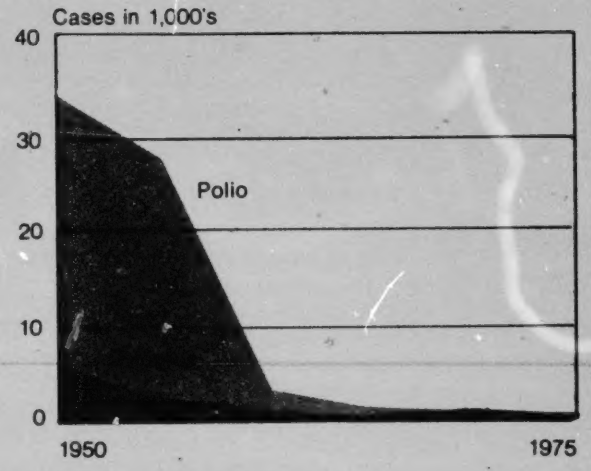
- afflict 200,000 new-borns every year[6]
- are found in highest proportion when mothers are under 17 and over 35[7]
- result from environmental factors alone or in combination with heredity 80 percent of the time, it is estimated[6]
- happen less often when the mother has pre-natal care[4]
- are closely linked to maternal nutrition; mental retardation is especially closely linked.[1]

[1]National Foundation, *Leaders Alert Bulletin #25*
[2]Stickle and Ma. "Pregnancy in Adolescents: Scope of the Problem" *Contemporary Ob/Gyn*, June 1975
[3]National Foundation, *Annual Report 1974*, p. 9
[4]National Foundation, *Facts: 1976*, p. 7
[5]DHEW, NCHS, *Monthly Vital Statistics Report, Summary Report Final Natality Statistics, 1973*, p. 5
[6]National Foundation, *Facts: 1976*, p. 5
[7]National Foundation, *Leaders Alert Bulletin #29*

MODERN MEDICINE AND THE USE OF IMMUNIZATION HAVE DRAMATICALLY REDUCED THE INCIDENCE OF MANY COMMON CHILDHOOD DISEASES, AS WELL AS THE FATALITIES THEY USED TO CAUSE.

CASES OF COMMON CHILDHOOD DISEASES
1950–1974[1]



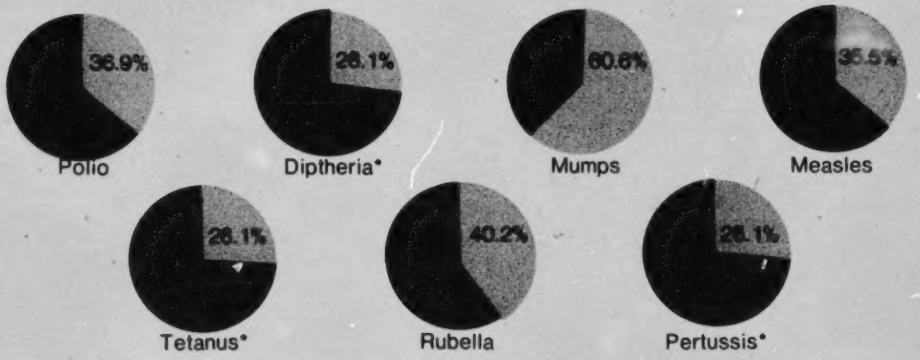


THERE ARE STILL, OF COURSE, ILLNESSES THAT TAKE A SERIOUS TOLL:

- cancer and pneumonia are among the top five causes of death for children ages 1 to 15[2]

EVEN MORE ALARMING IS THE FACT THAT A MARKED RECENT DECREASE IN THE NUMBER OF IMMUNIZATIONS OF YOUNG CHILDREN MAY MEAN A RESURGENCE OF NEARLY-CONQUERED DISEASES IN THE NEAR FUTURE.

PERCENT OF 1-TO 4-YEAR OLDS NOT ADEQUATELY VACCINATED IN 1974[3]



[1]DHEW, CDC, *USPHS Notifiable Diseases*, vol. 37, no. 9; *1962 Annual Supplement to the Morbidity and Mortality Weekly Report*, vol. 11, no. 53, table 2; *1974 Annual Supplement*, vol. 23, no. 53, table 2-A.

[2]DHEW, NCHS, *Monthly Vital Statistics Report. Final Mortality Statistics, 1973*. Table 6.

[3]Based on: DHEW, CDC, *Summary of immunization status for polio, dtp, measles, and rubella. United States, 1974*, and *United States Immunization Survey: 1974*.

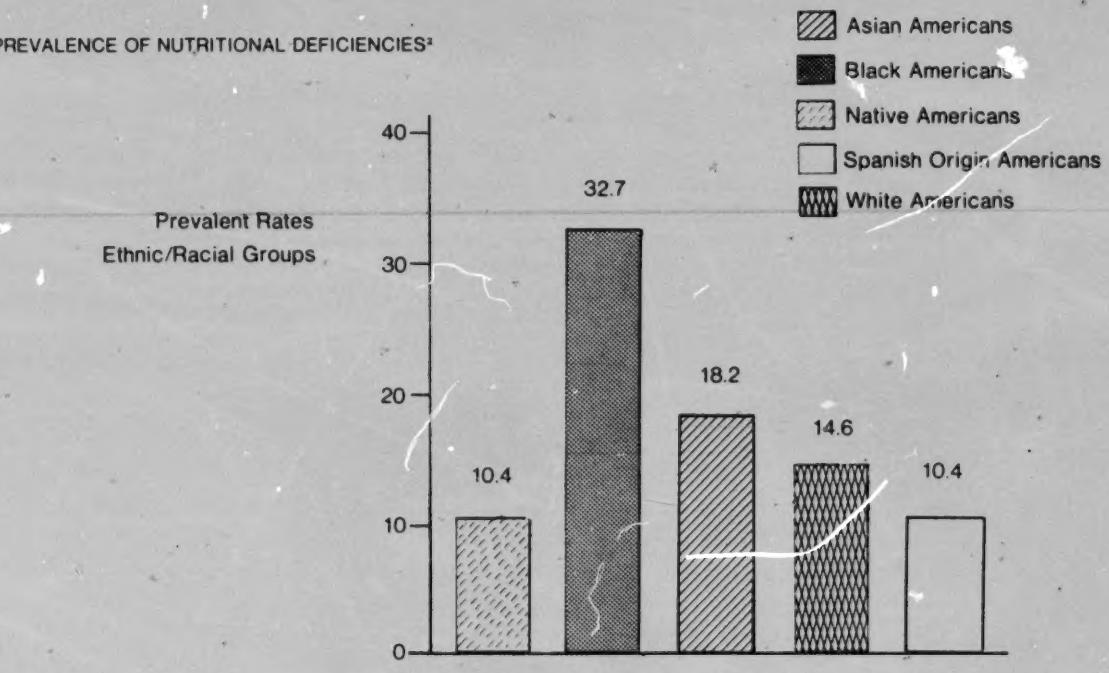
*Three or more does as DTP

THE GENERAL NUTRITIONAL LEVEL OF AMERICAN CHILDREN IS SATISFACTORY COMPARED TO OTHER COUNTRIES, BUT THERE ARE NEVERTHELESS SIGNIFICANT PROBLEMS FOR ALL CHILDREN.

- Iron is generally lacking in the American diet: 30-40 percent of all children age 1 to 5 are below standard.[1]

AND THERE ARE SPECIAL PROBLEMS FOR MINORITY CHILDREN.

PREVALENCE OF NUTRITIONAL DEFICIENCIES[2]



DENTAL HEALTH IS ONLY BEGINNING TO RECEIVE THE ATTENTION IT DESERVES.

- According to the most recent data (1969-70) by age 2, 50 percent of all children have tooth decay; by school age they have an average of 3 decayed teeth; approximately 50 percent of all school age children suffer from gum disease.[3]

- Greater numbers of dentists, increasing fluoridation of water supplies, more national emphasis on nutrition, and more dental education are beginning to make inroads on the problem.

[1]DHEW, NCHS unpublished data.
[2]American Public Health Association, *Minority Health Chart Book*, 1974, p. 49
[3]American Dental Association, *Dentistry and National Health Programs*, 1971

ALTHOUGH WE ARE OVERCOMING SOME TRADITIONAL CHILDHOOD DISEASES, A NUMBER OF GROWING HEALTH PROBLEMS WITH ROOTS IN OUR SOCIAL AND ECONOMIC CONDITION, THE "NEW MORBIDITY", CAUSE INCREASING CONCERN. NEW ALIGNMENTS OF EXPERTISE AND RESOURCES ARE REQUIRED TO COPE WITH THEM.[1]

- *Behavior problems, learning disorders,* and *school problems* form a constellation that acutely troubles parents and community;[2] children who display these problems need more than traditional medical attention.

- The *mental health* needs of children are increasingly acknowledged. New federally sponsored community mental health centers in the last decade have made help available where there was none before; in 1971, 200,000 children were served in these centers.[3]

  It is estimated, however, that only 10 percent of the children who need help are getting it,[4] and of course real progress in this area will only be made by tackling the social and economic stresses that underlie so many mental health problems.

- *Child abuse* is a recently recognized phenomenon of national scope, involving both disability and death. We are just beginning to investigate its dimensions; its origins are largely in the pressures of the society in which we live. (See p. 83)

[1] Haggerty, et al. *Child Health and the Community.* John Wiley, 1975, p. 94.
[2] *Ibid.*, p. 316.
[3] DHEW, NIMH, *Statistical Note #92,* August, 1973, Table 2.
[4] Kramer, Morton, Sc.D., *Historical Tables on Changes in Patterns of Use of Psychiatric Facilities 1946-1971-73,* NIMH, September 1975, Table 13.

INCLUDED IN THE "NEW MORBIDITY" ARE PROBLEMS TRADITIONALLY ASSOCIATED WITH ADULTS; THEIR SPREAD IN SOCIETY AT LARGE MEANS THAT INCREASING NUMBERS OF CHILDREN ARE BECOMING INVOLVED, BOTH DIRECTLY AND THROUGH THEIR PARENTS

- **Gonorrhea Among Children 0-14**[1]

	1965	*1974*
Reported Cases	4,525	11,510
Rates per 100,000	7.6	21.1

And many cases of venereal disease go unreported.

- **Drugs**

Drug addicted mothers are often badly nourished and in poor health. Therefore, their babies tend to be born developmentally disadvantaged; some are born addicted.

Although hard data on drug use by children are elusive, anecdotal evidence shows that it exists to a disturbing degree.

- **Alcohol**

Alcoholic mothers tend to produce babies that are under-developed and suffer from malnutrition.[2]

More children are using more alcohol at increasingly younger ages: a California study of 7th graders shows a 38 percent increase among boys and a 76 percent increase among girls between 1969 and 1973.[3]

Twenty-eight percent of American teen-agers are problem drinkers.[4]

[1]DHEW, CDC, unpublished data

[2]DHEW, ADAMHA, *Second Special Report to the U.S. Congress on Alcohol and Health: New Knowledge*, June 1974, p. 50

[3]*Ibid.*, pp. 8-9

[4]J. Valley Rachal, et al, *A National Study of Adolescent Drinking Behavior, Attitudes and Correlates*, Research Triangle Institute, April, 1975

Child Health Priorities

Major problems of child health have to do with the health care system and the way society itself is organized.

- There are tremendous inequities in our health care delivery system. Children who are poor, or who are part of a minority group, or who live in rural areas have the odds for a healthy life greatly stacked against them.
- Health care facilities and personnel are abundant in some areas and dangerously scarce in others.
- Man-made environmental hazards increasingly threaten the health of all our children.
- The cost of health care is rising so dramatically that the present inequities may grow worse.

THE BIGGEST HEALTH PROBLEM FOR CHILDREN IS POVERTY. NOT ONLY ARE POOR FAMILIES LESS ABLE TO FIND AND PAY FOR HEALTH CARE, BUT POVERTY ITSELF CREATES CONDITIONS THAT LEAD TO A CYCLE OF ILL HEALTH AND CONTINUING POVERTY.

- The effects of poverty on the child begin before birth. Ten to fifteen percent of babies born to lowest income families have low birth weight; for all families this figure is only 8 percent. Physically and mentally crippling birth defects are three times as likely among low weight babies.[1]

- A major cause of low birth weight babies is malnutrition of the mother, starting in her own youth. One-half (urban white) to two-thirds (urban black, rural white) of pregnant women in poverty are malnourished.[2]

- Pregnant women on food stamps get less than 2/3 of the calories and protein needed for normal fetal development.[3]

- Most disabling physical and mental conditions that do not begin before birth originate in infancy and pre-school years. Lack of health care can cause permanent damage. In 1970, 50 percent of low income children under 18 saw a physician; the figure for high income children was 73 percent.[4]

- The environment in which poor children live, frequently in conditions of bad sanitation and substandard housing, makes them much more likely to suffer rat bites, lead paint poisoning, and worms.

- Malnutrition among children in poverty leads to low school achievement, and eventually to low earning potential.

- The average health expenditure for children who had some treatment in 1970 was $86 for poor children and $161 for well-off children.[5]

[1] Dr. Arthur Lesser, unpublished summary
[2] Barry Popkin, University of Wisconsin Institute for Research on Poverty, Reprint #126, 1972
[3] President's Committee on Mental Retardation, *Silent Minority*, 1973, p. 3
[4] U.S. House Committee on Ways and Means, *National Health Insurance Resource Book*, 1974, p. 263
[5] *Social Security Bulletin*, May, 1974, Vol. 37, No. 5

BECAUSE RACIAL DISCRIMINATION AFFECTS HEALTH SERVICE DELIVERY, AND BECAUSE MINORITY CHILDREN ARE MORE OFTEN LIVING IN POOR FAMILIES, THEY ARE GENERALLY LESS HEALTHY THAN OTHER CHILDREN.

- Minority children die at a substantially higher rate than white children: 70 percent higher at age 1-4, 40 percent higher at age 5-9.[1]
- Non-white mothers have low birth weight babies at twice the rate of whites.[2]
- The death rate among Native American children from heart disease, influenza and pneumonia, and suicide is more than double the rate for other children.[3]
- Children in a Chicano community in California live in an area that has four times as much amoebic dysentery, twice as much measles, mumps, and tuberculosis, and 1.4 times as much hepatitis as the rest of the county.[4]

WHERE CHILDREN LIVE STRONGLY AFFECTS THEIR CHANCE FOR GOOD HEALTH.

- Cities have 48 percent of the population and 86 percent of the doctors.[5]
- New York and Massachusetts have over 200 doctors per 100,000 people; Mississippi has 82.[5]
- Three-quarters of the nation's 1,700,000[6] mentally retarded children live in slums.[7]
- Children born in the District of Columbia, Mississippi, or Wyoming have at least 53 percent more chance of dying before they are 1 than children born in Connecticut, Delaware, Hawaii, North Dakota, Utah, Vermont, or Wisconsin.[8]

[1]DHEW, NCHS, *Monthly Vital Statistics Report, Summary Report, Final Mortality Statistics, 1973*, Table 3.
[2]DHEW, NCHS, *Monthly Vital Statistics Report, Final Natality Statistics, 1973*, p.3.
[3]DHEW, Indian Health Service, unpublished data.
[4]American Public Health Assoc., *op. cit.*, p. 58.
[5]United Church Board for Homeland Ministries, *National Health Care, The Time Is Now*, p. 2.
[6]Project on the Classification of Exceptional Children, Vanderbilt University, *The Futures of Children*, 1974.
[7]American Academy of Pediatrics, *Lengthening Shadows*.
[8]DHEW, NCHS, *Selected Tables from Volume II, 1971, Section 2, Infant Mortality*, Table 2-6.

LACK OF ACCESS TO PREVENTIVE AND COMPREHENSIVE HEALTH SERVICES IS A MAJOR BARRIER TO GOOD HEALTH. PEOPLE DO NOT CHOOSE NOT TO SEEK HEALTH CARE. THEY FAIL TO SEEK HEALTH CARE ONLY WHEN THE OBSTACLES IN THEIR WAY ARE TOO BIG.

- Low income people travel farther and wait longer to see a physician. Combined waiting and traveling time is 81 minutes for people on welfare, 66 minutes for other poor, and 43 minutes for those with a family income over $15,000.[1]

- Comprehensive health centers, originally funded by OEO in low income areas and now administered by HEW, offer outreach, transportation assistance and counseling, and use community residents as non-professional aides. They are used at a rate that approaches that at which more advantaged people use medical services.[3]

- Infant mortality rates have been substantially reduced in places where pregnant low-income women have had access to the services of a Maternity and Infant Care Project.[3]

- Counties inhabited by people who tend to be low income, have relatively little education and a relatively high infant mortality rate have, on the average, 30 percent fewer physicians than other counties.[4]

- It is estimated that 133 general practitioners per 100,000 population are needed to provide good quality medical care; the national ratio in 1970 was 59 per 100,000.[5] The percentage of physicians going into general practice has been dropping steadily: from 75 percent in 1931 to 39 percent in 1967 to 19 percent in 1972.[6] In the last two years, however, that percent has started to rise.

[1]Karen Davis, "A Decade of Policy Developments in Providing Health Care for Low-Income Families," forthcoming in Haveman (ed.), *A Decade of Federal Anti-Poverty Policy*, pp. 18-19 of mimeo.

[2]*Ibid.*, p. 70.

[3]Arthur Lesser, M.D., speech at the University of North Carolina, March, 1974.

[4]DHEW, NCHS, unpublished data.

[5]Shannon and Dever, *Health Care Delivery: Spatial Perspectives*, McGraw-Hill, 1974, p. 61.

[6]Karen Shaw, "Health: Fact Sheet," Community Council of Greater New York, Vol. 1, August 1, 1974, p. 3.

SOME OF THE MOST INSIDIOUS AND FAR-REACHING HEALTH HAZARDS TO AMERICA'S CHILDREN—MANY OF THEM STILL VERY IMPERFECTLY UNDERSTOOD—ARE CAUSED BY MAN'S CREATIONS.

- **Lead:**

  Absorption or inhalation of lead causes damage to the central nervous system, mental retardation, and blood and urinary tract infection.

  It is found in paint in 40 to 80 percent of the buildings in some cities,[1] and in dust, soil and vegetation near streets.[2]

  Elevated levels of lead are found in as many as 25 percent of children age 1-6 in high risk neighborhoods.[3]

  Every year lead poisoning causes the deaths of 300-400 children and irreversible nerve damage and retardation to 6000 others.[3]

- **Noise:**

  An estimated 16 million Americans suffer hearing loss directly caused by noise.[4]

  Evidence points to high levels of noise adversely affecting unborn children.[4]

- **Water:**

  In 1970 56 percent of the public water systems had major deficiencies, 25 percent exceeded safe limits for bacteria or chemicals, and an additional 16 percent were not up to federal purity standards.[5]

  Chemical pollution in water systems is a major new hazard; it cannot usually be diagnosed or treated and the long range effects are unknown.[6]

- Childhood exposure to dangerous substances contributes to adult incidence of cancer and emphysema.[7]

[1]President's Committee on Mental Retardation, *MR '71*, p. 23.

[2]EPA, *Health Effects of Environmental Pollution*, 1975, p. 7.

[3]Frederick Green, M.D., testimony to the Subcommittee on Oversight and Investigations of the U.S. House Committee on Interstate and Foreign Commerce, 7 October 1975.

[4]EPA, *Noise Pollution*, 1974, p. 1.

[5]EPA, *Health Effects of Environmental Pollution*, 1975, p. 8.

[6]*Ibid.*, p. 9.

[7]*Ibid.*, pp. 13-17.

THE COST OF MEDICAL CARE IS RISING MUCH FASTER THAN OTHER PRICES.

- The Consumer Price Index has risen 112 percent since 1950; medical costs have risen 191.1 percent in that same period.[1]

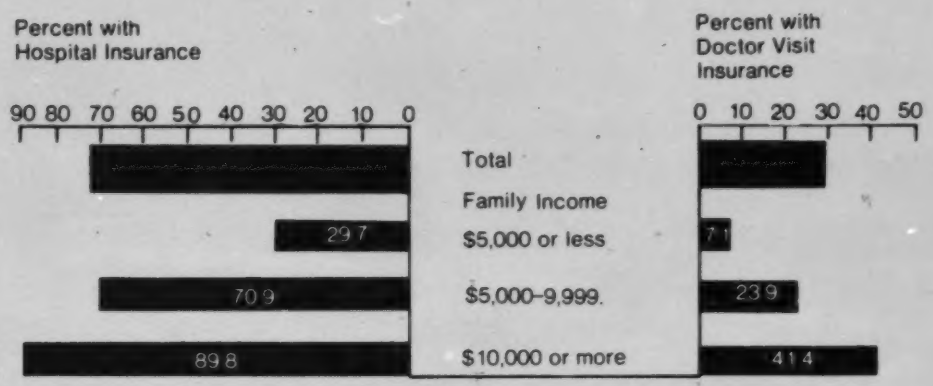
- The source of the increase is
  48.7 percent rise in prices
  42.0 percent increased use of service and new medical techniques
  9.2 percent population growth[2]

- In 1974 the national per capita health expenditures were:

0-19 years	$ 183
19-64 years	$ 420
65- years	$1,218[3]

HEALTH INSURANCE IS INADEQUATE TO MEET THE MEDICAL EXPENSES OF MANY FAMILIES

HEALTH INSURANCE COVERAGE AMONG CHILDREN UNDER 17 YEARS: 1972[4]



- Especially at risk are the poor in the labor force: in FY 1973 only 40 percent had some insurance; less than 10 percent had insurance for non-hospital services.[5]

[1] "National Health Insurance--Which Way to Go?" *Consumer Reports*, February 1975, p. 118.
[2] House Ways and Means Committee, Subcommittee on Health, *Basic Charts on Health Care*, July 8, 1975, p. 6.
[3] Mueller & Bigson, "Age Differences in Health Care Spending, Fiscal Year 1974," *Social Security Bulletin*, June, 1975, p. 3.
[4] DHEW, NCHS, unpublished table.
[5] Mueller, M. "Private Health Insurance in 1973," *Social Security Bulletin*, February, 1975, p. 22.

MEDICAID WAS STARTED TEN YEARS AGO BY THE FEDERAL GOVERNMENT TO PAY FOR THE MEDICAL EXPENSES OF THOSE ON WELFARE AND THOSE WHO WOULD BE FORCED ONTO WELFARE BY TRYING TO PAY THEIR OWN MEDICAL COSTS. IT IS CLEAR, HOWEVER, THAT MEDICAID IS NOT MEETING THE WHOLE NEED.

- In 1973 an estimated 6.5 million poor people, or about 30 percent of the poor, were not receiving Medicaid benefits.[1]

- In 1972 the average cost per child enrolled in Medicaid was $113 in New York and $43 in Mississippi;[2] this disparity is far greater than the difference in medical costs between the two states.

- Medicaid does not reach rural children as well as it does those living in cities. Using *all* poor children as the base, the average Medicaid expenditure for poor rural children is $5, that for poor urban children $76.[3]

- In 1969 white recipients received an average 75 percent higher benefits than black recipients.[4]

- In Alabama, Georgia, Louisiana, Mississippi, North Carolina, Tennessee, and South Carolina only 24 percent of the children from low income families and 57 percent of the children on AFDC receive Medicaid benefits.[5]

[1]Davis, Karen. *Op. Cit.* p. 10.
[2]*Ibid.* p. 12.
[3]*Ibid.* p. 13.
[4]*Ibid.*
[5]DHEW, NCHS, unpublished data.

Selected Government Health Programs for Children[1]

Medicaid and EPSDT

Medicaid, established by Title XIX of the Social Security Act, provides matching money to the states to pay for medical services for the indigent and medically needy. States have considerable latitude in deciding how to administer the program, with the result that ease of access, extent of coverage, and proportion of low income people served vary widely from state to state.

During Fiscal Year 1975 an estimated 11,291,000 children age 0-21 received services from Medicaid at a cost of $1,226 million.

These figures include EPSDT, the Early and Periodic Screening, Diagnosis and Treatment program initiated in 1968 for children who are Medicaid eligible. This program got off to a very slow start, and still is far from serving the needs it was designed for: in Fiscal Year 1975 only 1.9 million of the almost 13 million eligible were screened. Of those screened 45 percent needed treatment, but only 60 percent of them received it.[2]

Programs of the Office of Maternal and Child Health, DHEW
(operated under Title V of the Social Security Act)

Total federal funds expended under Title V grew from $89.4 million in 1954 to $443.4 million in 1973. Most of the programs listed below were originally established by direct federal project grants, which have now been replaced by an increase in the formula grants to states. Congress has mandated that states continue the same level of services to the same population group.

1. Maternal and Child Health Services

   Provides money to the states and directly to a few projects to reduce infant mortality and improve the health of low income mothers and children. In 1974, 870,000 women and 1.5 million children received service through this program (excluding family planning).

2. Children and Youth Projects

   Provides money to the states for comprehensive health care to low income children up to age 21. In 1974 an estimated 550,000 were served, out of an estimated 7,000,000 in need.

3. Maternity and Infant Care Projects

   Provides money to the states to reduce infant and maternal mortality and birth defects among low income women who deliver with little or no pre-natal care. In 1975 an estimated 145,000 were served out of an estimated total of 500,000 in need.

4. Dental Care Projects

   Provides money to the states for the dental care of low-income children. In 1974 an estimated 21,000 were served.

[1]Macrosystems Inc., *Analysis and Inventory of Federal Programs Impacting on Maternal and Child Health*, March, 1975.
[2]Oversight and Investigations Subcommittee, House Committee on Interstate and Foreign Commerce, Staff Report, October 1975.

5. Crippled Children's Services

Provides money to the states for outreach, diagnosis, and medical and related services for low income and medically indigent children who suffer from crippling disorders and conditions leading to crippling. An estimated 550,000 will be served in 1975.

Programs of the Communicable Disease Center

1. Immunization

Funds are provided to the states for the purchase of vaccines. These funds have been reduced from $16 million in 1971 to a budgeted $4.9 million for 1976, as part of an Administration decision to have the states take more responsibility for immunization.

2. Lead Based Paint Poisoning Control

Gives money to states and administers projects for the identification and treatment of lead poisoning in children age 1 to 5. There are an estimated 2.5 million children at risk of lead poisoning; 371,955 were screened in 1974.

Programs of the Child Nutrition Act
(administered by the Department of Agriculture)

1. School Lunch Program

The school lunch program is one of the most comprehensive and important nutrition programs for children.

In October, 1975, there were 89,032 schools participating in this program. Out of 44 million students enrolled in these schools 25 million were eating the lunches; 42 percent of those got their lunches free or at reduced rates.[1]

2. School Breakfast Program

In October, 1975, there were 14,675 schools participating in this program. Out of the 7,071,870 students enrolled in these schools 1.9 million were getting breakfast; 82.2 percent of those got their breakfasts free or at a reduced rate.[1]

3. Special Food Service Program for low income and handicapped children in day-care or other non-residential settings. About 366,000 children benefited from this in 1974, 1.5 million in summer.

4. WIC (Women, Infants and Children)

Provides nutritious food to pregnant and lactating women, and children under 4, who are low income and at nutritional risk. There were an average of 434,177 participants each month in 1975.

NOTE: There are many other government health programs that affect children. Some of them are for relatively small groups of children, others help children as part of the general population. Significant examples of the latter are the Neighborhood Health Centers and the Health Maintenance Organizations, as well as the Migrant Health Centers and the Indian Health Services.

[1]USDA, Food and Nutrition Service Program Reporting Staff

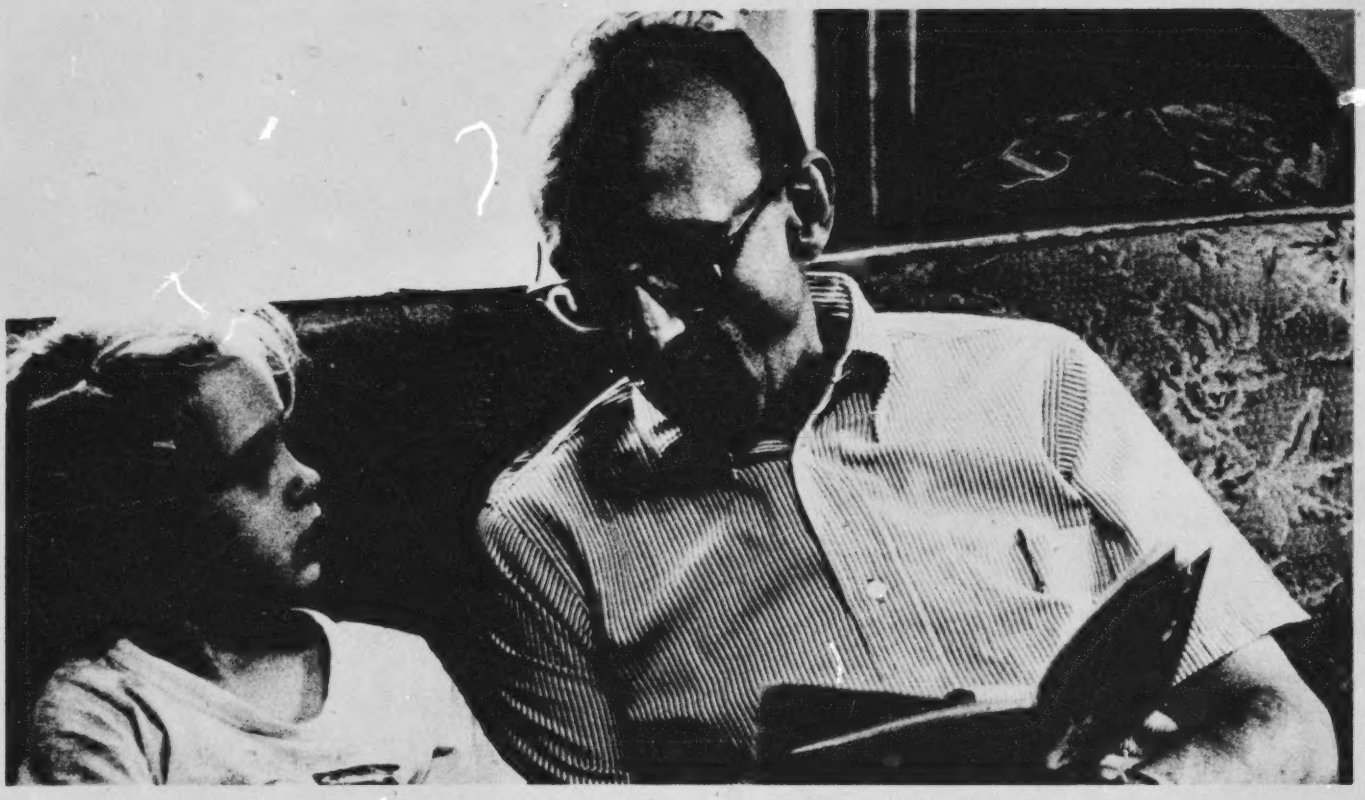
Part IV
Family Changes

"Profound changes are taking place in the lives of America's children and young people. The institution which is at the center of these changes and that itself shows the most rapid and radical transformation is the American family, the major context in which a person grows up."

Urie Bronfenbrenner
"The Origins of Alienation", 1975

"At present our services to children and families are too few, too inaccessible to those who need them most, and all too often, available too late, to be of maximum help".

Bettye Caldwell
Testimony before United States Senate, 1975



The poverty which imprisons 17 million children calls for new public policy initiatives, as do changing and urgent demands for better child health care. In addition, the following section documents rapid recent changes in family structure which require more effective public attention.

On the one hand, birth rates are declining, and the absolute number of children has been decreasing, which should provide a national opportunity for improving services to children and their families.

On the other hand, two family changes have accelerated tremendously in the last few years without corresponding adjustments in public and private services:

- the growth in the number of women who work:
  one-third of all young children (6.5 million of them) now have mothers in the labor force; nearly one-half (21 million) of all children of school age now have mothers in the labor force.

- the growth in the number of children living in families headed by a woman: over 9 million children now live with a single mother.

These changes are particularly acute among poor families and urban families, but they are trends which apply in significant degree to all American society. They are perhaps most disturbing among young parents with young children.

Among the family supports that could respond to the needs of poor mothers, working mothers and single mothers—and equally importantly to the developmental needs of children in all families—is an adequate system of quality day care services, in home or center settings. The data in this section make clear that we do not yet have a national program to improve the quality or choice of day care services available to the families whose economic or social circumstances require more, and better, public services.

Birth Rate

THE BIRTH RATE FOR ALL AMERICAN WOMEN HAS RECENTLY FALLEN BELOW THE POINT REQUIRED FOR THE POPULATION TO REPLACE ITSELF. THE AVERAGE AMERICAN FAMILY NOW HAS TWO CHILDREN.

TOTAL FERTILITY RATE[1]

1960	*1970*	*1971*	*1972*	*1973*	*1974*
3.65	2.48	2.27	2.02	1.90	1.86

- From 1970 to 1974, the number of children under 18 decreased by 2.4 million or 3.4 percent.[2]
- From 1970 to 1974 the number of children under 5 decreased by 859,000, or 5 percent.[3]

ALTHOUGH BIRTH RATES MAY CONTINUE TO FALL, THE ABSOLUTE NUMBER OF CHILDREN IS LIKELY TO INCREASE AGAIN FOR A PERIOD OF YEARS TO COME, BECAUSE THE LARGER NUMBER OF POST-WAR BABIES IS NOW COMING INTO CHILD-BEARING AGE.

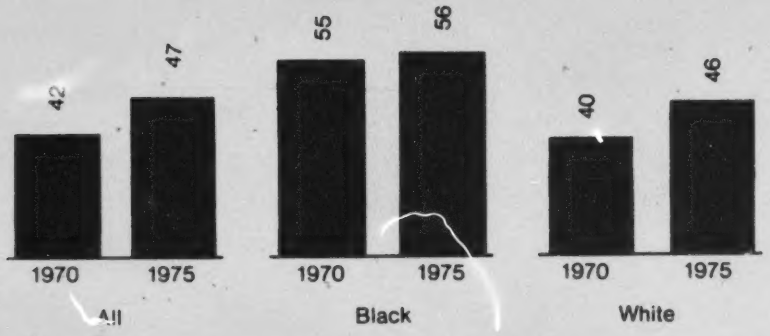
[1]Bureau of the Census, *Population Estimates*, Series P-25, No. 545, Table B.
[2]Bureau of the Census, *Population Estimates and Projections*, Series P-25, No. 529.
[3]*Ibid.*

Women in the Labor Force[1]

THE SECOND SIGNIFICANT CHANGE IN FAMILY STRUCTURE AFFECTING CHILDREN IS THE STEEP RISE IN THE PROPORTION OF WOMEN WHO WORK. IN 1975, 14 MILLION MARRIED OR SINGLE WOMEN WITH CHILDREN UNDER 18 WERE IN THE LABOR FORCE.

- From 1970 to 1975 the number of mothers who work rose from 12 million to 14 million, an increase of 17 percent.

PERCENT IN THE LABOR FORCE
MOTHERS OF CHILDREN UNDER 18
1970–1975[2]



- Another way to see the change is to observe that labor force participation rates traditionally drop for women between 25-34 (the usual child bearing years). That rate dropped by one-fourth in 1950, but only by one-fifth in 1974.[3]

[1]For pages 53-56 data from the Department of Labor are used, based on a universe of children slightly smaller than the one used by the Census Bureau, as it includes only "own" children in families, and not other related or unrelated children.

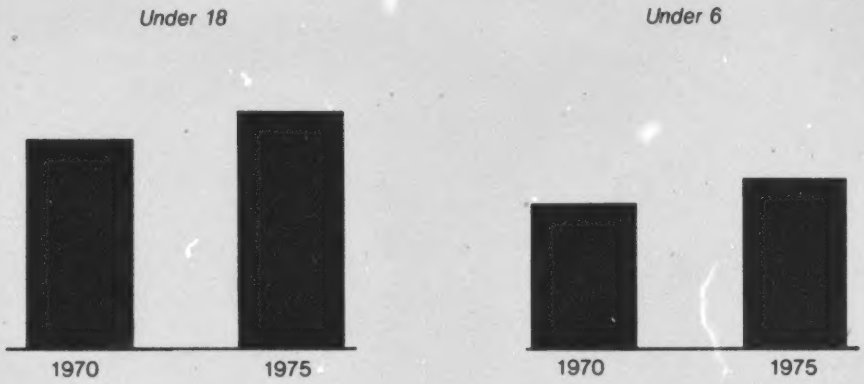
[2]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, Table 2.

[3]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Table 4.

THESE WORKING MOTHERS HAVE 27.6 MILLION CHILDREN. MORE THAN TWO OUT OF FIVE CHILDREN HAVE MOTHERS IN THE LABOR FORCE.

- This number has increased from 1970 to 1975 by 2 million children.
- This fact is all the more significant given that the total number of children in the population dropped by about 3 million during those five years.

CHILDREN WITH MOTHERS IN THE LABOR FORCE 1970–1975[1]



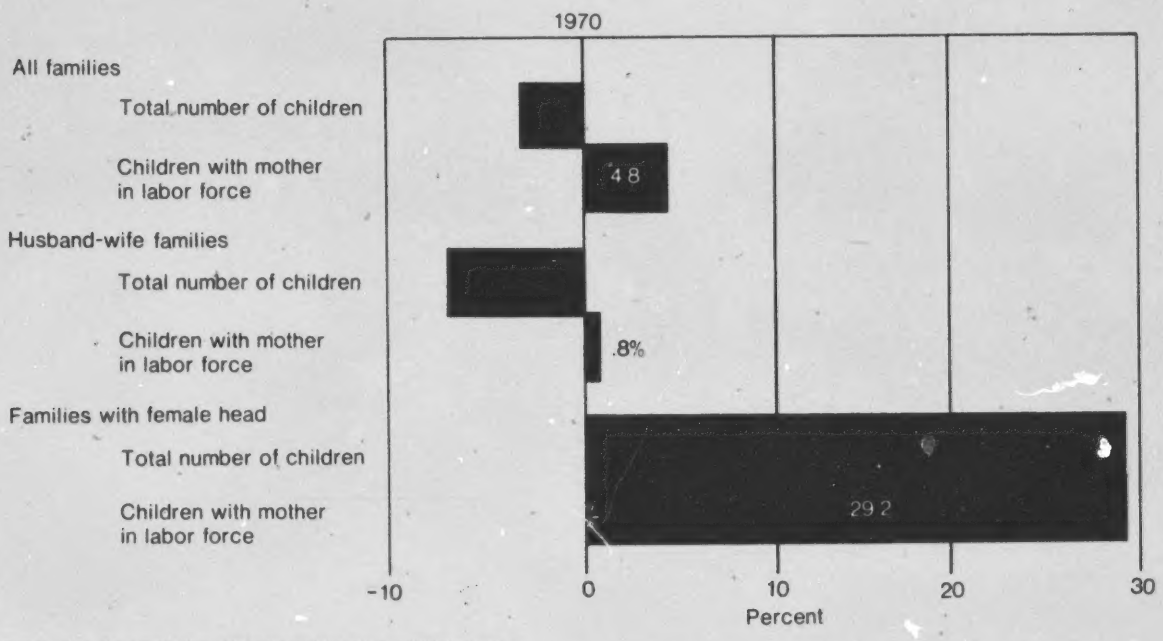
THE MOST STUNNING CHANGE IS IN THE INCREASE IN THE NUMBER OF YOUNG CHILDREN WHOSE MOTHERS WORK.

- Since 1970 the number of children under 6 with mothers in the labor force increased from 5,590,000 to 6,539,000—an increase of 17 percent.
- This is a higher percent of working mothers of young children than the percent of married women with no children who worked in 1950.[2]
- The figures for mothers of children under 3 seem to be following the same rising curve. By 1974, 31 percent of married women, and 46 percent of unmarried women, with children under 3 were in the labor force.[3]

[1]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, table 1.
[2]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, table 26.
[3]*Ibid*, Table 27.

MOST OF THIS INCREASE IN THE NUMBER OF WORKING MOTHERS HAS OCCURRED IN FAMILIES HEADED BY WOMEN.

PERCENT CHANGES IN CHILDREN AND LABOR FORCE STATUS OF MOTHERS 1970–1974[1]



BUT THE NUMBER OF MARRIED WOMEN WHO WORK IS GREATER, AND THAT RATE IS ALSO RISING. TWO OUT OF FIVE WIVES NOW WORK.[2]

WOMEN IN THE LABOR FORCE, 1975

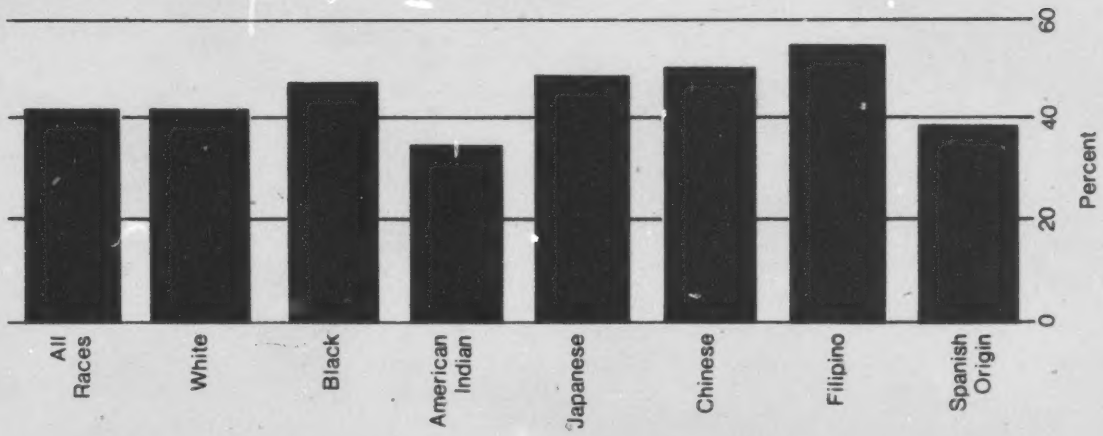
(in thousands)

[1]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, table 28.

[2]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, table 2.

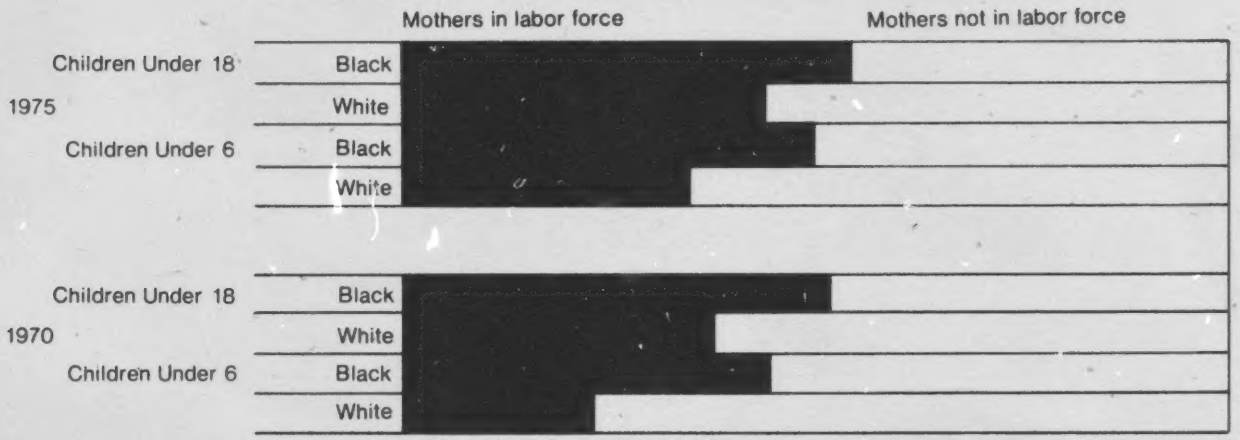
IN 1970 MINORITY WOMEN, EXCEPT FOR AMERICAN INDIAN WOMEN AND WOMEN OF SPANISH ORIGIN, WERE MORE OFTEN IN THE LABOR FORCE THAN OTHER WOMEN.

PERCENT OF WOMEN OVER 16 IN THE LABOR FORCE, 1970[1]



IN 1975, BLACK CHILDREN WERE MUCH MORE LIKELY THAN WHITE CHILDREN TO HAVE A WORKING MOTHER.

PERCENT OF CHILDREN WITH WORKING MOTHERS, BY RACE, 1975 AND 1970[2]



[1]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, table 55.
[2]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, table 1.

THE OVERWHELMING REASON MOTHERS WORK IS FINANCIAL, ALTHOUGH THERE ARE MANY WOMEN WHO ENJOY THEIR JOBS AND WOULD CONTINUE TO WORK EVEN IF THEY HAD A REAL ECONOMIC CHOICE.

- For the last two decades, married women with school age children have been more likely to work than married women without children.[1]

- The labor force participation of wives with children under six is highest when the husband's income is between $5,000 and $7,000.[2]

EVEN IN FAMILIES WHERE BOTH PARENTS WORK, THERE ARE STILL TWO MILLION CHILDREN WHO LIVE BELOW THE OFFICIAL POVERTY LEVEL.[3]

- Among families with two earners, 3.7 percent are very poor—814,000 families.

- Among black families with two earners, 10.16 percent are very poor—202,000 families.[4]

THE RISE IN THE NUMBER OF WORKING WOMEN IS APPARENTLY NOT A TEMPORARY PHENOMENON, AND IS ECONOMICALLY SIGNIFICANT.

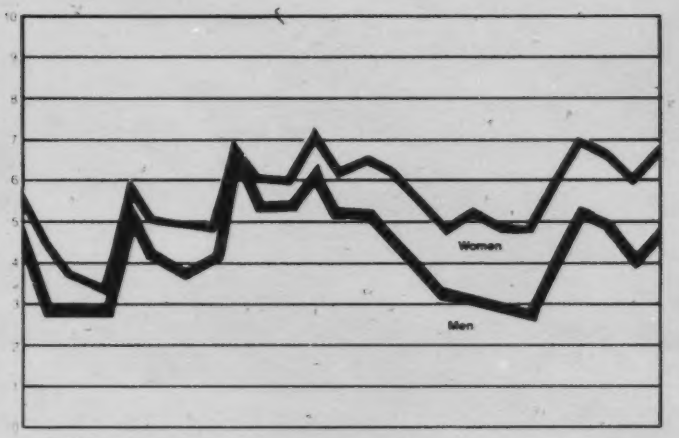
- In husband-wife families with working wives, women now account for 26 percent of the family income.[5]

- Women entering the paid labor force in the 1960's account for well over half of the increase in the GNP during that period.[6]

[1]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Table 26.
[2]Bureau of Labor Statistics, *Marital and Family Characteristics of the Labor Force*, 1974, Table J.
[3]Bureau of Labor Statistics, *Children of Working Mothers*, 1973, Table A-1.
[4]Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 20.
[5]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Table 40.
[6]M. Rowe, interview in *Voice for Children*, Washington, D.C., December, 1974.

ALTHOUGH GROWING NUMBERS OF WOMEN CHOOSE TO WORK, UNEMPLOYMENT RATES FOR ALL WOMEN IN THE LABOR FORCE ARE HIGHER THAN THE RATES FOR MEN, WHICH ADDS TO THE ECONOMIC BURDEN OF ALL WOMEN, AND ESPECIALLY THOSE WHO ARE THE SOLE SUPPORT OF THEIR FAMILIES.

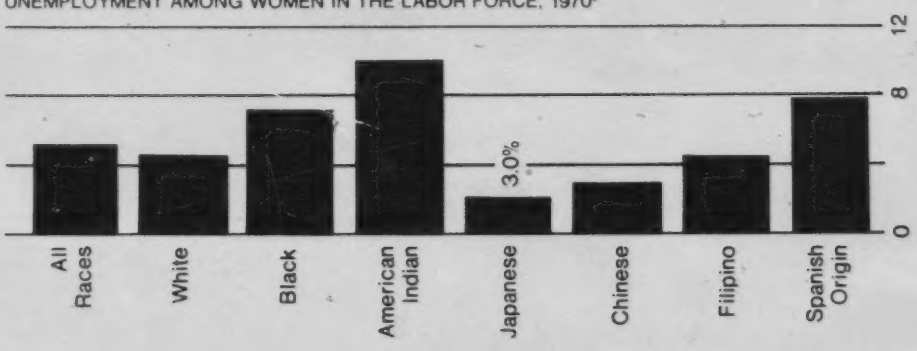
UNEMPLOYMENT RATES BY SEX, 1950–1974[1]
(Annual Averages)



- Mothers of children under 18 have a very high unemployment rate as of March, 1975: 10.7 percent for all women, 10.1 percent for white women, and 13.9 percent for black women.[2]

UNEMPLOYMENT RATES FOR SOME MINORITY WOMEN ARE PARTICULARLY HIGH

UNEMPLOYMENT AMONG WOMEN IN THE LABOR FORCE, 1970[3]

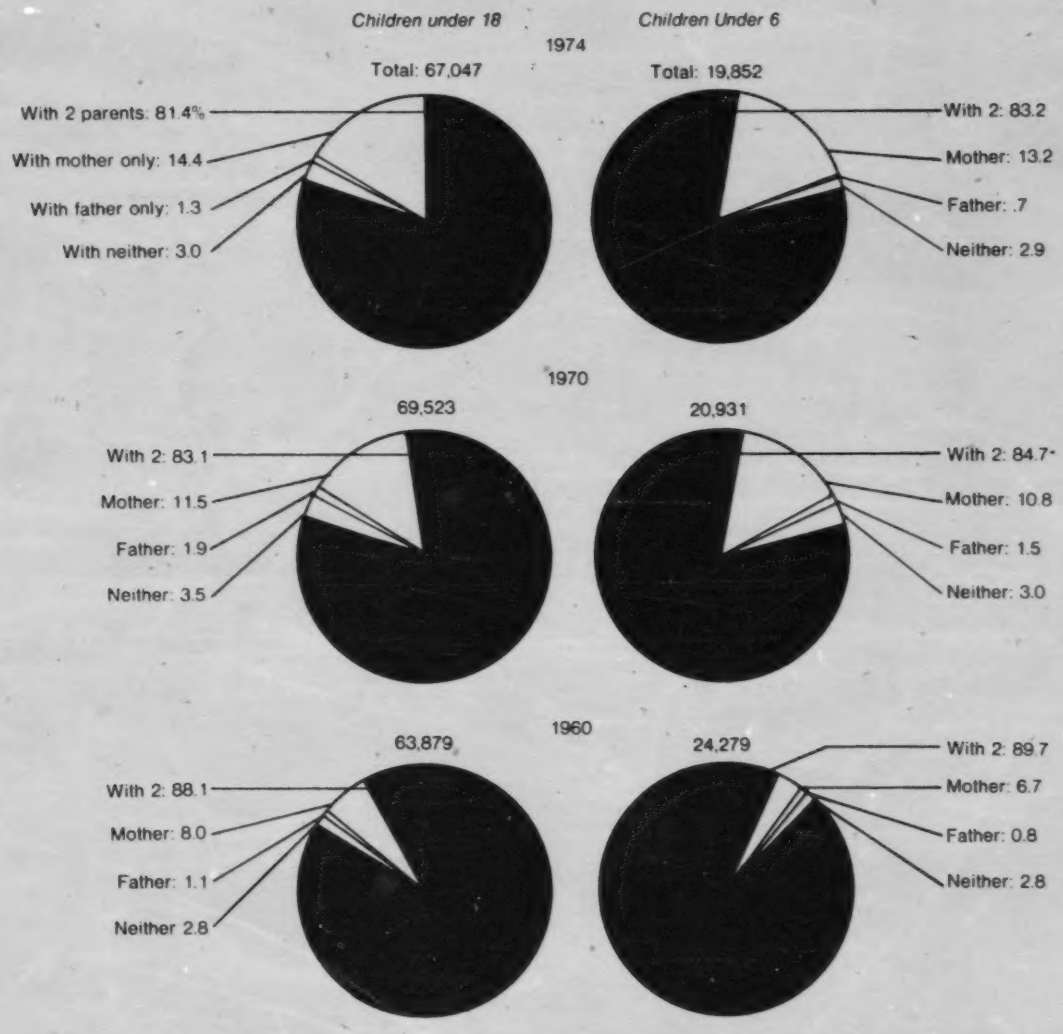


[1]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, table 14
[2]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, Table 3
[3]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Table 55

Women Who Head Families[1]

THE THIRD SIGNIFICANT CHANGE IN FAMILY STRUCTURE AFFECTING CHILDREN IS THE DRAMATIC INCREASE IN THE NUMBER OF FAMILIES HEADED BY SINGLE PARENTS. OVER 10 MILLION AMERICAN CHILDREN NOW LIVE WITH ONLY ONE PARENT—ONE OUT OF EVERY SIX CHILDREN UNDER 18. MOST OF THESE SINGLE PARENT FAMILIES ARE HEADED BY WOMEN.

LIVING ARRANGEMENTS OF CHILDREN
1960–1970[2]



[1]The figures in this section are based on Census Bureau data.

[2]Paul Glick, "Living Arrangements of Children", paper presented to the Population Association of America, April 1975.

THE NUMBER OF CHILDREN LIVING IN FAMILIES HEADED BY WOMEN IS GROWING AT A STAGGERING RATE; IT MORE THAN DOUBLED FROM 1960 to 1974.[1]

THE GROWTH IS FASTEST IN FAMILIES WITH YOUNG CHILDREN.

- Although the total number of children under six has declined by about 4.5 million since 1960, the number of young children living with a single mother grew by 40 percent in the 60's and another 14 percent between 1970 and 1973.[2]

- In 1974, more than 15 percent of all children under six lived in a family headed by a woman—some 2.8 million children.[3]

Note that since some parents remarry, the average time a child lives with a single parent is about five years. This means that probably two or three times 10 million children have at least some period of time living with a single parent in their childhood. For children born in the 1970's, it has been predicted that two out of five will live for some period with a single parent.[4]

[1]Bureau of the Census, *Female Family Heads, 1973*, Series P-23, No. 50, Table 7 and *Money Income and Poverty Status 1974*, Series P-60, No. 99, Table 17.

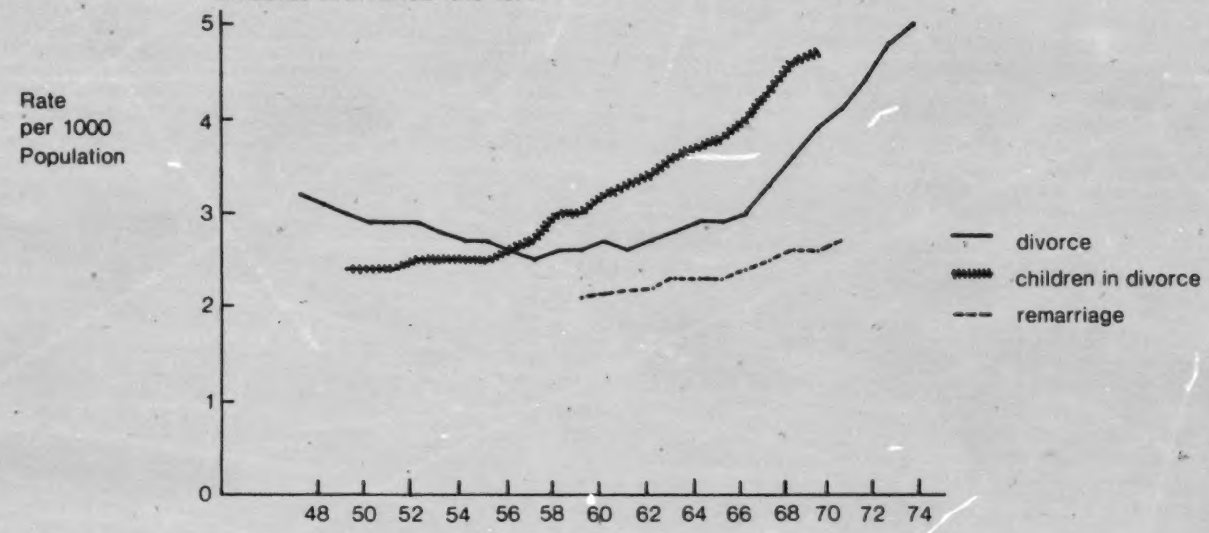
[2]Bureau of the Census, *Female Family Heads, 1973*, Series P-23, No. 50, Table 7.

[3]Bureau of the Census, *Money Income & Poverty Status, 1974*, Series P-60, No. 99, Table 17.

[4]M.J. Bane, to be published in *Journal of Social Issues*, 1976.

THIS TREMENDOUS GROWTH IN THE NUMBER OF WOMEN HEADING FAMILIES IS DUE CHIEFLY TO THE STEEP RISE IN DIVORCE RATES. THE NUMBER OF CHILDREN AFFECTED BY DIVORCE HAS MULTIPLIED 700 PERCENT DURING THE TWENTIETH CENTURY.[1]

DIVORCE RATES AND CHILDREN INVOLVED IN DIVORCE 1948-1974[2]



THE RISING RATE OF FAMILIES HEADED BY WOMEN IS ALSO DUE IN PART TO:

- the tendency of single women to form their own households with children, rather than staying or moving in with other relatives;
- the tendency of welfare aid to encourage women to separate from their husbands in order to receive benefits;
- the rising number of mothers who have never married—a small group, but a rapidly growing one.

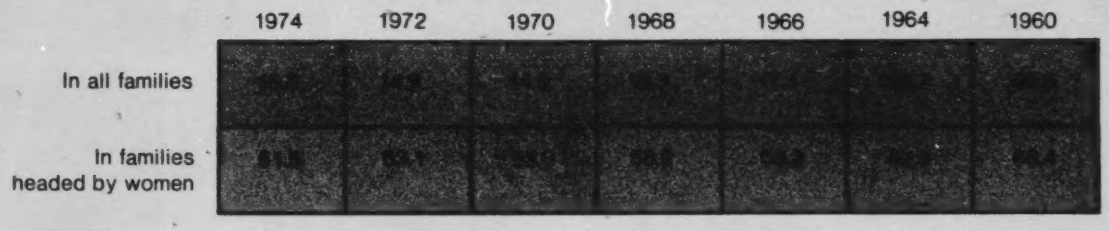
  The percent of never married women who head families increased 39 percent between 1970 and 1973; they now constitute 10.9 percent of all women heading families.[3]

[1]K. Davis, in *Demographic and Social Aspects of Population Growth* (Westoff and Pacts, Washington, D.C.) 1972.
[2]U. Bronfenbrenner, *The Changing American Family*, paper prepared at Cornell University, 1975.
[3]Bureau of the Census, *Female Family Heads*, 1973, Series P-23, No. 50, Table 3.

WHETHER POVERTY IS THE CAUSE OF MARITAL INSTABILITY OR THE RESULT, OR BOTH, THE FACT IS THAT THE CORRELATION IS VERY GREAT.

Evidence is mixed as to the psychological consequences of divorce and separation for children, but the need for extra-familial child care resources is obviously greater, and the economic problem is clear. (see page 23)

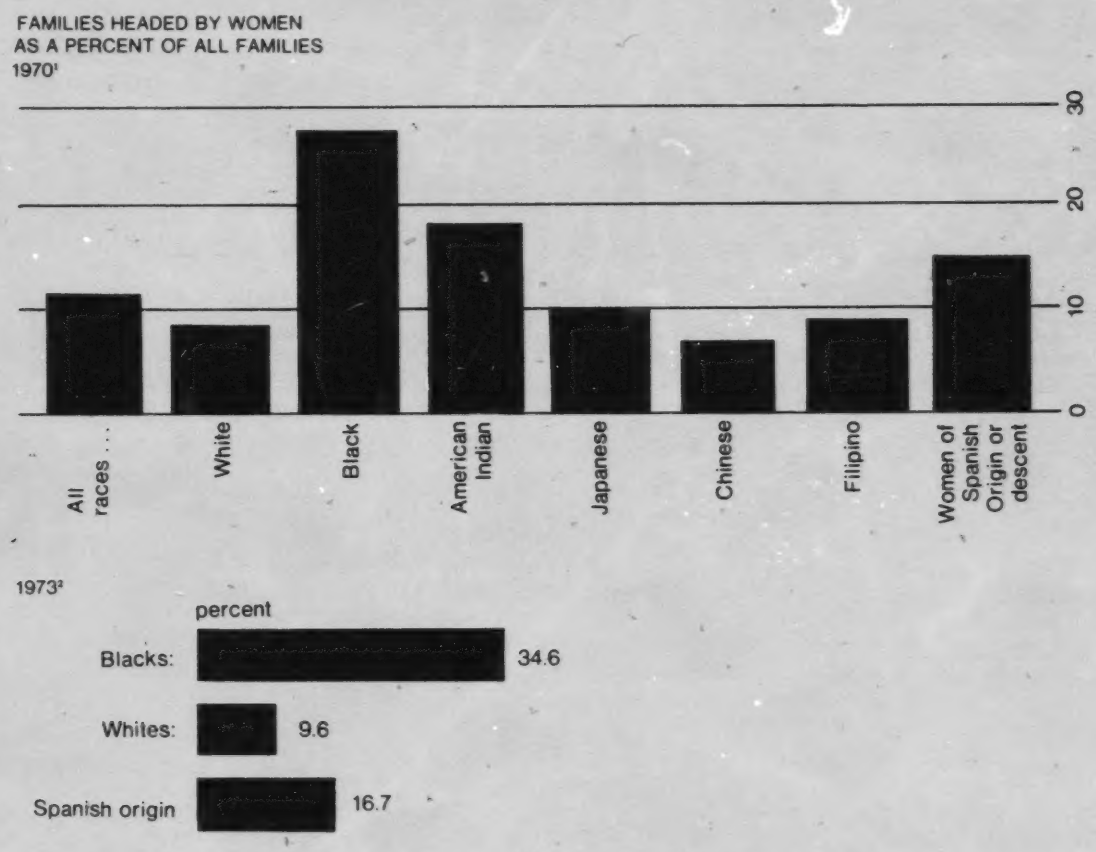
PERCENT OF CHILDREN IN OFFICIAL POVERTY
1960–1974[1]



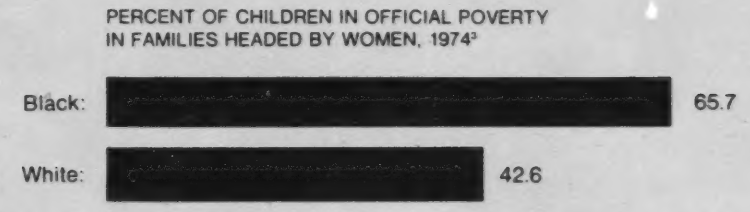
- Of all children living in families headed by women in 1974, more than half are very poor.
- Between 1959 and 1974 the number of very poor children in families headed by women rose from 4.1 million to 5.4 million.[2]
- Of the 2.8 million children under six who live in families headed by women, almost 80 percent are at incomes less than the true poverty threshold.[3]

[1]Bureau of the Census, *Money Income and Poverty Status*, 1974, Series P-60, No. 99, Table 15
[2]*Ibid*
[3]Bureau of the Census, Special tabulation

MINORITY CHILDREN ARE MORE LIKELY TO BE LIVING IN FAMILIES HEADED BY WOMEN.



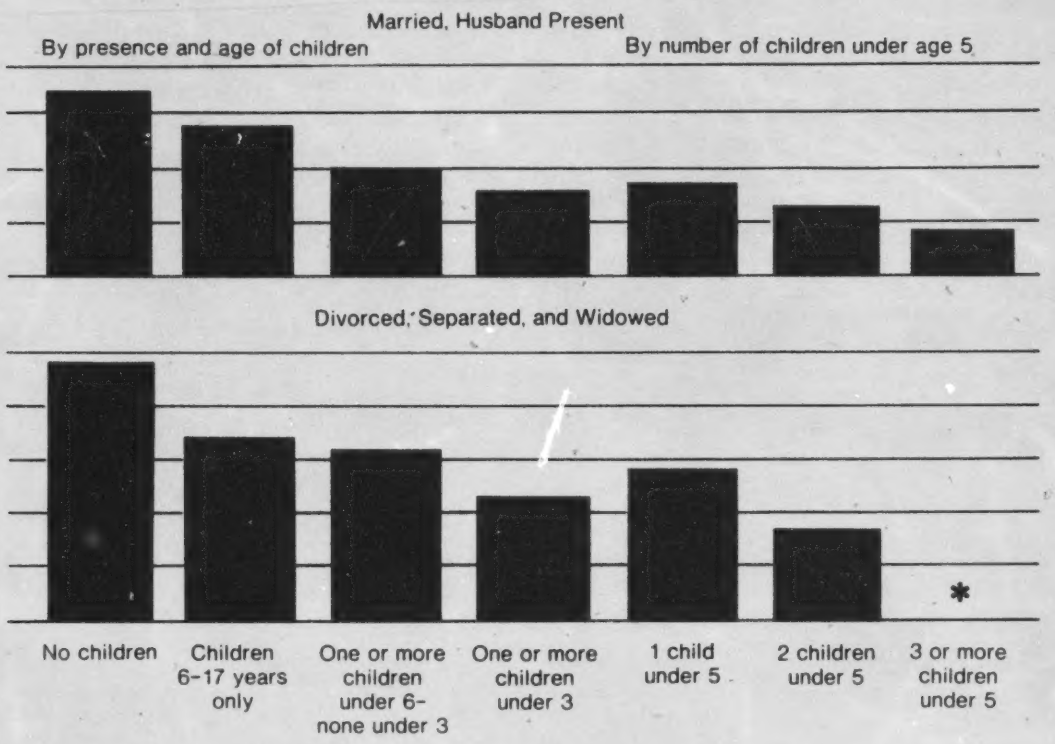
CHILDREN LIVING IN MINORITY FAMILIES HEADED BY WOMEN ARE EVEN MORE LIKELY TO BE POOR THAN WHITE CHILDREN LIVING WITH A SINGLE MOTHER.



[1]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, table 55.
[2]Bureau of the Census, *Female Family Heads, 1973*, Table 1.
[3]Bureau of the Census, *Money Income and Poverty Status*, 1974, Series P-60, No. 99, Table 17.

BECAUSE WOMEN WHO HEAD FAMILIES ARE SO MUCH POORER THAN HUSBAND-WIFE FAMILIES (see page 23) THEY ARE MORE LIKELY TO BE IN THE LABOR FORCE WHETHER OR NOT THEY HAVE CHILDREN.

MARRIED OR FORMERLY MARRIED WOMEN IN THE LABOR FORCE, 1974[1]


Married, Husband Present
By presence and age of children
By number of children under age 5
Divorced, Separated, and Widowed
*
No children
Children 6-17 years only
One or more children under 6- none under 3
One or more children under 3
1 child under 5
2 children under 5
3 or more children under 5

*Not available, base population less than 75,000 women

THE NUMBER OF CHILDREN UNDER SIX WHO LIVED IN A FAMILY HEADED BY A WORKING WOMAN ROSE BY 71 PERCENT FROM 1970 TO 1975.

- Of young children in families headed by a woman, 47 percent had a mother in the labor force in 1975, more than one million children.[2]

EVEN MORE SCHOOL AGE CHILDREN LIVING WITH A SINGLE MOTHER HAVE MOTHERS WHO WORK.

- Of children 6 to 17 living with a single mother, 57 percent had a mother in the labor force in 1975, nearly 4 million children.[3]

[1]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Table 27
[2]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, Table 1
[3]Ibid

ALTHOUGH MORE THAN HALF OF THE WOMEN WITH CHILDREN WHO ARE HEADS OF FAMILIES LEAVE HOME TO WORK, THEIR EARNINGS REFLECT THE LACK OF OPPORTUNITY OPEN TO MANY WOMEN IN THIS GROUP.

- The median income of working women who head families was $6,575 in 1975. This means that half of them are below the true poverty standard, even though they are in the labor force.[1]

- More than half of these women are employed in low-paying operative and service positions. Of those employed full time and year round, two thirds earned less than $7,000. Three-quarters of their male counterparts earned more than $7,000.[2]

- Many women heads of families who are below the poverty level (61 percent of them) do not seek employment at all because their options for economic improvement are so limited.[3]

- Women working full time earn an average of 60 percent of the wages of men working full time, a figure that has remained steady, or slightly declined, in the last decade.[4]

[1]Bureau of Labor Statistics, *Children of Working Mothers*, 1975, Table 3.
[2]Department of Labor, "The Changing Economic Role of Women," reprint from *Manpower Report of the President*, 1975, p. 70.
[3]Ibid.
[4]Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Table 33.

Children of Young Parents

Many of these factors of family structure, poverty, racial inequities, and poor health care are found together, each reinforcing the other.

Some of the greatest pressures on families concentrate on young parents with young children. For young women, and especially young minority women, the stress of poverty and the inability to find appropriate work or study alternatives has a strong effect. Early teenage pregnancy, leaving home to set up independent households with children, and the resulting dependence on welfare when there are no reasonable child care, training or employment opportunities, result in a tragic pattern for both parents and children.

The following pages cite a few of the statistics which reveal the likelihood that children born to young parents will lead lives of more stress, poverty and poor health.

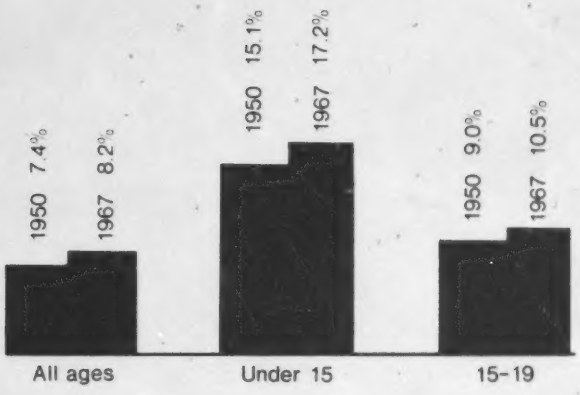
MORE THAN 600,000 CHILDREN ARE BORN EACH YEAR TO TEENAGE MOTHERS.[1]

- About a third of these births are to unmarried women. The number of births to unmarried women under 15 increased by 10 percent in 1973, mostly among young white teenagers.
- Birth rates among married teenagers are the highest of any group of wives, and are twice as high as married women from 20 to 24.
- Adolescents from 10 to 14 are the only group of women for whom the birth rate is rising.

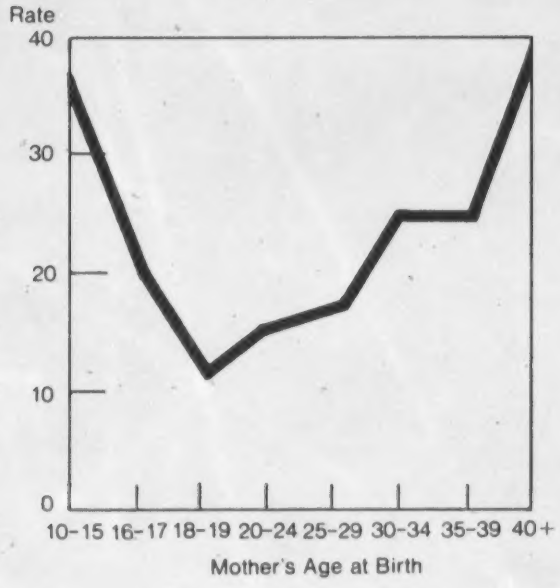
YOUNG WOMEN ARE MORE LIKELY TO HAVE CHILDREN WITH HEALTH PROBLEMS THAN OLDER WOMEN.

- Infants born to teenage mothers are more subject to death, or to birth defects. All of the problems associated with low birth weight (mental retardation, blindness, deafness, congenital anomalies, etc.) are more common in teenage births.

PERCENT OF LIVE BIRTHS, WEIGHT OF 2,500 gr OR LESS[2]

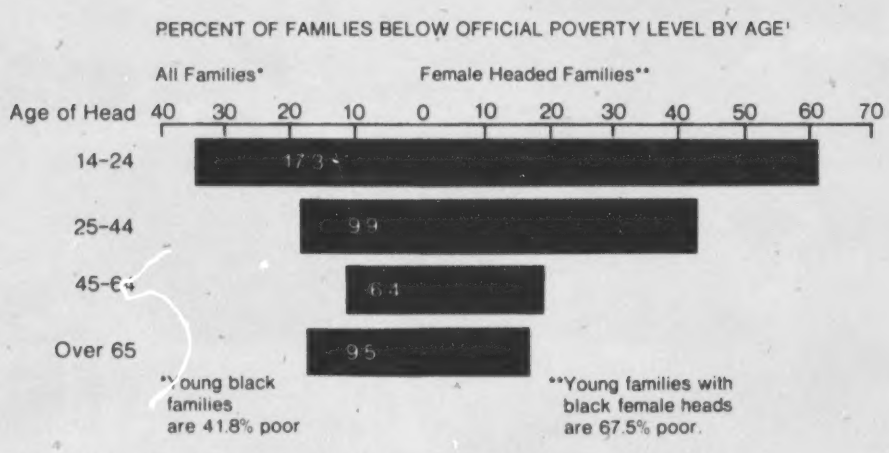


CHILDREN NEUROLOGICALLY ABNORMAL AT ONE YEAR BY AGE OF MOTHER (White)[3]



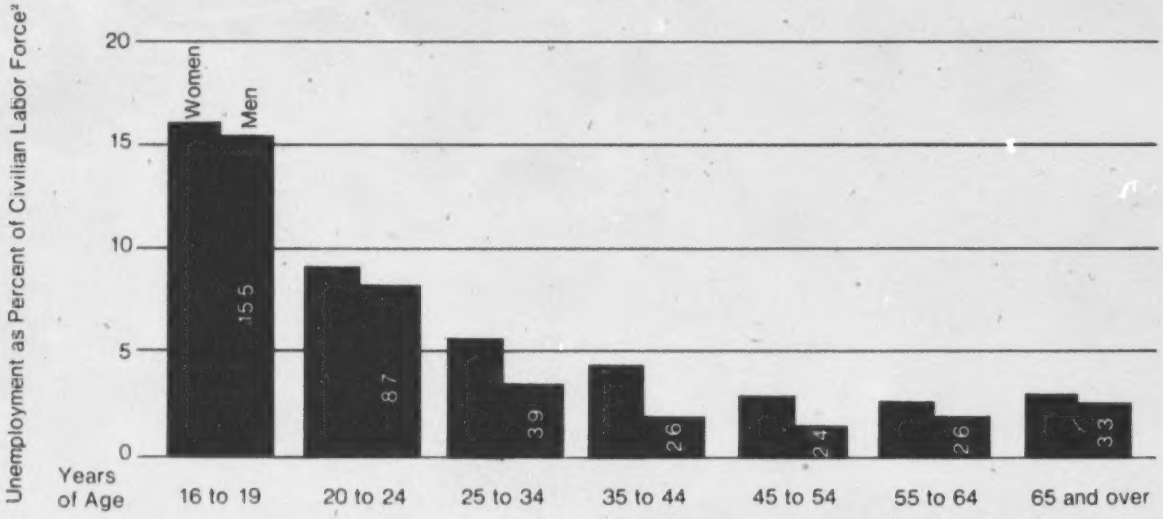
[1]DHEW, NCHS, *Monthly Vital Statistics Report, Summary Report, Final Natality Statistics, 1973.*
[2]DHEW, NCHS, *Teenagers*, Series 21, No. 23, 1973.
[3]President's Committee on Mental Retardation, *MR '72*, p. 9.

YOUNG FAMILIES ARE POORER THAN OTHER FAMILIES, ESPECIALLY YOUNG FAMILIES HEADED BY A WOMAN.



YOUNG WOMEN, INCLUDING TEENAGE MOTHERS, ARE MORE LIKELY TO BE UNEMPLOYED THAN OLDER WOMEN, OR THAN MEN AT ANY AGE.²

- Only 18.5 percent of young people under 25 were covered by unemployment insurance in 1973, often because they have not been able to enter the labor force for the first time.³
- Teenage black women suffer the highest unemployment rate of any group. Although minority women have generally a higher participation in the labor force, young black women do not.



YOUNG FAMILIES MOVE MORE OFTEN, CAUSING POTENTIAL ECONOMIC AND PSYCHOLOGICAL PROBLEMS. TEENAGE MARRIAGES ARE MORE LIKELY TO END IN DIVORCE THAN LATER MARRIAGES.⁴

¹Bureau of the Census, *Money Income and Poverty Status: 1974*, Series P-60, No. 99, Table 20.
²Bureau of Labor Statistics, *U.S. Working Women*, Bulletin 1880, 1975, Tables 15 and 16.
³Bureau of Labor Statistics, *Handbook of Labor Statistics*, Bulletin 1865.
⁴DHEW, NCHS, *Teenagers*, Series 21, No. 23, 1973.

Summary

Children Under Six Years Old

Total children	20,000,000
With working mothers	6,500,000
In "official" poverty	3,000,000
Below true poverty standard	5,500,000
In families headed by women[1]	2,800,000
In male-headed families, other than husband-wife families	130,000

Children from 6 to 17 Years Old

Total children	46,000,000
With working mothers	26,100,000
In "official" poverty	7,200,000
Below true poverty standard	12,000,000
In families headed by women[1]	7,599,000
In male-headed families, other than husband-wife families	762,000

Children from 6 to 14

With working mothers	18,000,000

[1]Using Bureau of the Census figures

Need for Day Care Services

From the summary figures on the previous page, it is clear that millions of American families need child care help beyond that provided within their own family. Many families—those with two parents, with adequate economic means, and with adults in the home all day—still wish at least a part time opportunity for their preschool children to relate to other children, learn about the world around them, and develop their skills. But more critically, those parents who for economic or family reasons cannot care for their children during all or part of the day require viable choices of child care services, within their means.

What do these families now do? Is there need for improved or expanded services? The absence of accurate facts to answer these questions is in itself an indictment of public policy; Presidential, Congressional and organizational positions have been taken on the issues without complete knowledge of the needs.

The principal issue is not whether more day care will allow more families to change their patterns. The issue is whether to substitute more helpful and family-serving arrangements for the patchwork of unsatisfactory and frequently damaging arrangements on which so many families must rely.

The following pages outline what is known about available public and private day care services, the quality of these services, and the investment of federal money in day care.

Day Care Surveys

Families seeking day care for their children can (where available) choose between several kinds: day care centers (public, private non-profit, or private for profit), family day care homes (women who look after non-related children in their homes) or a variety of informal arrangements (care by a relative outside the child's home, care by a relative in the home, or care in the home by a paid caretaker). There are also an increasing number of kindergartens (78 percent of five year olds are now enrolled) and preschools which enroll children for part of a day.

More than half of day care arrangements are in the child's home, frequently paid. With the application of the minimum wage law to sitters and the lower average number of children in families, this is an increasingly costly alternative.

Several studies of day care centers and homes have been attempted in recent years, but for the most part they confine themselves to licensed facilities. Most states license both group centers and family day care homes. Licensing, however, is not a guarantee of high quality as standards are sometimes very low and enforcement very minimal. Little is known about the estimated 10 percent of centers that are unlicensed, and over 90 percent of family day care homes that are unlicensed.[1]

All surveys are to some extent unreliable, because the arrangements made by families for day care are constantly changing, and difficult to categorize. Parents who cannot find a satisfactory arrangement for their children, or who use a facility they know to be unlicensed, are frequently reluctant to tell an interviewer the exact situation. The information which follows is the best available published within the last two years.

[1]A landmark study, *Windows on Day Care* by Mary Dublin Keyserling (National Council of Jewish Women) brought wide attention to these issues in 1972

Senate Finance Committee Study

A Finance Committee study in 1974 reported a doubling of the capacity of licensed day care centers between 1967 and 1972, and a 200 percent growth in the capacity of licensed family day care homes during those years.

NUMBER AND CAPACITY OF LICENSED OR APPROVED DAY CARE CENTERS AND FAMILY DAY CARE HOMES 1967-1972[1]

	March 1967	*March 1972*
Number of centers and homes:		
Day care centers	10,400	20,319
Family day care homes	24,300	60,967
Total	34,700	81,286
Capacity of centers and homes:		
Day care centers		
Public	22,600	79,401
Voluntary	113,900	326,431
Independent	239,300	354,200
Auspices not reported	17,500	45,329
Subtotal	393,300	805,361
Family day care homes:		
Public	2,500	34,300
Voluntary	1,300	16,216
Independent	63,900	159,663
Auspices not reported	14,200	4,662
Subtotal	81,900	215,841
Total capacity	475,200	1,021,202

Preschools and Kindergartens

The Office of Education reports an enrollment of children under six in public and private nursery schools and kindergartens in October, 1974:

			Percent of age group
5 year olds	2,693,000		78.6
4 year olds	457,000	in kindergarten	
	865,000	in nursery schools	37.6
3 year olds	34,000	in kindergarten	
	650,000	in nursery schools	19.8

Nursery schools for 3 and 4 year olds are generally rather expensive private programs, which operate for a few hours a day, less than the mother's working hours. Over half the children in preprimary schools come from families with incomes over $10,000.[2] Kindergartens are usually half day programs.

[1]Senate Finance Committee. *Child Care Data and Materials*. 1974. Table 21.

[2]*The Status of Children 1975*. Social Research Group, George Washington University. 1975.

Education Commission of the States[1]

ECS published in November, 1975 a summary of reports on licensed centers and family homes from 50 states, the District of Columbia, and New York City.

Licensed centers	34,235
Licensed family homes	81,182
Licensed group day care homes	471

Their report does not indicate the capacity of these centers, nor does it give information about unlicensed arrangements. It does not distinguish between public and private centers. It does reveal great changes within states from year to year, and great variations among states in the number of centers and homes per capita.

Office of Child Development Consumer Survey

A 1975 survey by UNCO, Inc. for the Office of Child Development of HEW sampled parents to find out what day care services they used for their children, and tentatively projected the result into a national total of 7.5 million children serviced in formal center or home arrangements:

In day care centers	
Licensed	820,000
Unlicensed (2.9%)	24,000
In nursery or preschool	
Licensed	1,595,000
Unlicensed (14%)	260,000
In family homes	
Licensed	777,000
Unlicensed	6,755,000
	7,532,000

SUMMARY OF SURVEY FINDINGS

Since there are 6.5 million children under six, and another 18 million children 6 to 14, whose mothers work, at least this number of children—and actually many more—represent the demand for adequate day care. The surveys outlined here all point to the same conclusion: while the number of licensed day care centers and licensed family day care homes is growing, and while the number of children in part-day kindergartens and nursery schools is substantial, the demand for quality day care still far outstrips the supply. The result is that the great majority of children are in informal arrangements in their own home, or in unlicensed arrangements in another home. While some of these situations may be excellent and suit the family and child needs very well, many of them are at best custodial and at worst destructive.

[1]Education Commission of the States. *Day Care Licensing Policies and Practices*. ECS Early Childhood Report No. 13. 1975.

After School Care

NEARLY 18 MILLION CHILDREN FROM 6 TO 14 YEARS OLD HAVE MOTHERS IN THE LABOR FORCE; AT LEAST THIS MANY CHILDREN NEED SOME FORM OF SUPERVISION AFTER SCHOOL HOURS

The number of hours of care required is significant. The traditional education system, even when operating on a full day schedule, serves less than half of the "child hour" needs.[1]

Needs:
250 days a year times 10 hours a day
= 2500 hours a year

School hours:
20 days a month times 5 hours a day times 9 months
= 900 hours a year

[1]Child Welfare League, Washington, D.C., unpublished estimates.

Quality of Day Care Services

The number of day care places is one question; a more important one is the quality of service. Day care centers are after all a major part of the life of the child; young children are frequently there from breakfast through late afternoon. For some young children, much of their early development and socialization takes place in the day care setting.

Licensing standards are at best a minimum floor; even licensed centers apparently fall away from their own standards under lax enforcement practices by states.

- A 1973 HEW audit sampled day care facilities in 9 states. Of 552 facilities examined (mostly centers) 425 did not meet federal requirements, even in basic health and safety areas. The adult-child ratios were routinely infringed upon, frequently by two or three times the required ratio. Many centers had 19 or 20 children per adult.[1]

- According to the 1972 study, *Windows on Day Care*,[2] three-fifths of all centers were of fair or poor quality. There is no evidence that the situation has improved since.

Another way to judge quality is by the expenditures per child. Most experts agree that a cost of $2400 per child per year would not be unreasonable. Figures reported by states for expenditures in facilities supported by Title XX in 1975 range from $600 to $2500 per child.[3] In 1973, reimbursement to welfare mothers for child care in the WIN program averaged $664 a year.[4]

The problem of quality is not just a problem for the facilities used by poor people. In centers used by people of higher incomes, the costs, salaries of teachers and the teacher-pupil ratios are also too low to provide quality developmental services.[5]

[1]Review of Child Care Services Provided Under Title IV of the Social Security Act, HEW Audit Agency, November, 1974.

[2]Mary Dublin Keyserling, *Windows on Day Care*, National Council of Jewish Women, New York, 1974.

[3]DHEW, unpublished data from Office of Assistant Secretary for Planning and Evaluation.

[4]Senate Finance Committee, *Child Care Data and Materials*, 1974, Table 30.

Federal Expenditures on Day Care

1. **Income tax deductions**

   Women who work full time may deduct child care expenses from income taxes, if they itemize their income tax returns. The estimated tax expenditure from this source was $450 million in 1974.[1]

   All expenses are deductible for women whose combined family income is less than $18,000; a sliding scale governs deductions up to a combined income of $27,000. Thereafter no deduction is allowed.

   This federal support for day care services is of primary benefit to middle class families.

2. **Head Start**

   This program was originally established to demonstrate the advantages of quality preschool experience for low-income children. Although it is now an established program, it serves only a small percent of the eligible population of 1.7 million poor children between the ages of 3 and 5.

   In FY 1975, $414 million was appropriated for this program. About 288,000 children were served in full year centers.[2]

[1] U.S. Joint Committee on Internal Revenue Taxation, Staff Report, 1975
[2] DHEW, Office of Child Development

3. The Social Security Act

Under **Title IV**, federal support for day care for low-income families is provided in two major ways.[1]

The income of welfare mothers who work is normally deducted from their AFDC allowances. The funds necessary to pay for day care for their children while they work is an exception, or an "income disregard", in computing the allowance to which the family is entitled. In 1974, this provision accounted for about 200,000 child care "years", and a Federal cost of $85 million.

Matching funds are given to states to reimburse the cost of child care services required for AFDC participants enrolled in the Work Incentive Program (WIN). This program provides training opportunities for low-income women; registration is mandatory for recipients of AFDC whose children are all over 6 years old, and voluntary for all others. The federal government reimburses 90 percent of the necessary funds during the duration of a training program, and for 90 days after the mother is employed. In 1974, the total federal expenditure for day care in the WIN program was $45 million.

Under **Title XX**, the federal government matches state funds spent on a wide range of social services, according to state priorities established in an annual plan.

- The priority placed on day care is currently very high. In most 1975 state plans, day care is the largest dollar item; in none is it less than third.

- Approximately 25 percent of Title XX money will be devoted to day care in the 1975-76 plans, a total of about $870 million federal and state dollars.

- This is a large expenditure, but states frequently try to cover a great many children with these funds. The range of quality is very wide: from $2500 per child in the highest state to $600 in the lowest.[2]

[1] US Senate Committee on Finance. *Child Care Data and Materials*. 1974.
[2] DHEW, Office of Planning and Evaluation, preliminary reports.

Part V
Other Child Care Needs

"Children involved in the child welfare system pay a price that is visible. . . . They pay a price all their lives, both psychologically and in their careers."

Alvin Schorr
Children and Decent People, *1974*

"Only by involving adults, all adults—adults who have never had children and adults whose children have grown up—can we hope to combine reform in the care of specific groups of children—deaf children, crippled children, orphaned children—with a genuine attempt to rethink the way our towns and cities are built and the way our lives are lived. . . ."

Margaret Mead
Journal of Current Social Issues, *1975*

Some children have special needs: they are homeless, crippled, mentally retarded, or blind; they are battered or abandoned by their families; they are orphans or runaways from desperate situations.

Some of these physically or mentally damaged children have loving and affluent families that can provide adequate private resources for their care. Millions of others have recourse only to public institutions.

Our public systems to care for these children are too often primitive and inequitable. Some children are of course wonderfully treated, with high quality services over long periods of time. Many others are misdiagnosed, diagnosed but untreated, lost in the system, separated unnecessarily from their families, or ignored.

Data on these children are scarce and controversial. The number of children in different kinds of residential institutions (homes for the mentally retarded, the crippled, the emotionally disturbed, runaways, the neglected, or unwed mothers) is not regularly published by any national public or private agency.

Some facts about these children are presented here in brief, as a suggestion of the extent of need rather than a complete documentation.

HANDICAPPED CHILDREN

Children with physical and mental handicaps require special child care services, sometimes within the traditional educational system and sometimes in special settings.

Estimates of such children, and the extent to which their needs are now being met, are frequently unreliable and subject to classification errors. This problem is particularly acute with regard to estimates of mentally retarded or disturbed children, and children with what are often called learning disabilities. The diagnosis of such problems is frequently confused with problems of language, social differences, and the effects of poverty.

Although programs for handicapped children have increased greatly in recent years, the emphasis on identifying children with special needs and sometimes isolating them has led to classification and stigmatization without proper follow-up care and teaching.

The general figures which follow are from the most recent national study of such classifications.[1] They are reproduced here only for a general overview of the problem, without endorsement of their accuracy.

HANDICAPPED CHILDREN

	Children 0–19 Affected	*Number Served*	*Percent Served*
Mentally Retarded	1,700,000	875,000	51
Emotionally Disturbed (0--17)	1,400,000	556,000 (in public schools)	47
Learning Disabilities	700,000	170,000	24
Visually Handicapped	70,000	24,000 (special education)	34
Hearing Handicapped			
Deaf	52,000		
Hard of Hearing	350,000		
	402,000	80,000	20
Speech Impairment	2,440,000	1,360,000	56
Neurological Impairment (inc. cerebral palsy, epilepsy, multiple sclerosis)	Unknown		
Crippled and other health impairment	328,000	235,000	72
Multihandicapped	40,000	13,000	32.5

[1]Report on Classification of Exceptional Children, *The Futures of Children*, Vanderbilt University, Nashville, Tennessee, Sept. 1974, commissioned by HEW Office of Child Development.

ABUSED AND NEGLECTED CHILDREN

Child abuse and neglect are equally difficult to quantify in national figures, and subject to problems of reporting. The apparently large and growing number of such children is a sign of social and family stress, and reflects lack of attention to the cause, rather than the symptom. Whatever the problems, the results are battered, malnourished and emotionally damaged children. They frequently need new homes, and always require special treatment.

Several estimates of the scale of this need are given here:

- From the 1970 Census, the Bureau of the Census calculated a rate of 8.8 cases for each 1,000 children. By this standard, there would now be about 580,000 cases of abuse and neglect in the country.

- In the state of Florida, a major official reporting campaign was recently undertaken; they documented a rate of 13.4 cases for each 1,000 children. By this standard, there would be some 900,000 or more cases nationally.[1]

- HEW recently announced an estimate of about one million cases, based on a study by the American Humane Association.[2]

- Experts in academic and government settings vary in their definition of the current number of cases from 60,000 to 1 million.

New national attention to these children coincides with a new public policy initiative: the establishment of a National Center on Child Abuse and Neglect in HEW during 1974. The budget of this Center is $18.9 million for FY 1976, funds which will support analysis of the problem and further attention at the state level.

[1] S. Nagi, "Child Abuse and Neglect Problems", *Children Today*, May-June 1975.
[2] DHEW, Office of Child Development, National Center for Child Abuse.

Foster Care and Adoption

The issues of foster care are contradictory: on the one hand, many children who need temporary homes are not properly placed; on the other hand, children are sometimes removed from their natural homes in circumstances that could more appropriately be solved by better family support services.

MORE THAN 350,000 CHILDREN ARE IN FOSTER CARE IN 1975.[1]

- 260,000 are cared for in private homes. 90,000 are placed in institutions and group homes.

- Nearly half of all foster children have been removed from their own homes because of abuse, neglect or exploitation. Yet only 10-15 percent of foster parents have training in dealing with mistreated children.[2]

- Estimates of the number of foster children permanently adrift in foster care, never returning to their own homes, vary from 50 percent to 80 percent.

  A study in Massachusetts showed that only 25 percent returned to their own homes, over 50 percent have lived in more than one foster home, and 25 percent in more than 3 homes.[3]

  A Baltimore report showed that between April and June, 1975, in that city 71 initial foster placements were made, and 104 repeat placements.[1]

THE FEDERAL GOVERNMENT EXPENDS ABOUT $500 MILLION FOR FOSTER CARE, IN ADDITION TO STATE AND LOCAL FUNDS.[1]

- The average cost per child per year is $2800.

[1]Joint Hearings on Foster Care, U.S. Senate Subcommittee on Children, and U.S. House of Representatives Select Subcommittee on Education, December 4, 1975, unpublished.

[2]*Ibid.*

[3]U.S. Senate Subcommittee on Children, *Foster Care and Adoptions*, August, 1975, p.p. 11-12

ABOUT 100,000 CHILDREN IN FOSTER CARE ARE AVAILABLE FOR ADOPTION, YET VERY FEW ARE ADOPTED.

- Present legislation results in the loss of any federal support for a foster child if it is adopted by the family with which it lives.

  A foster family receives $80-$100 a month for each child, plus medical, dental and clothing allowances. This support ends with adoption, as does Medicaid. Most commercial insurance will not take over coverage of pre-existing medical conditions of such children.

- Payments to support foster children are greater than payments to support children through AFDC; the incentive system apparently favors removing children from their own families.

- Until recently, the federal government spent almost nothing on adoptive services; they were provided almost entirely by voluntary organizations.

  Title XX of the Social Security Act now makes funds available to states which choose to use them in this way. However, the current expenditure on such services averages only 1 or 2 percent of all Title XX funds.[1]

  Under Title IV of the Social Security Act, only about $30 million is spent on adoptive services for low-income children.

  Compared to the $2,800 a year the federal government invests in foster children, it spends $5 per child per year on adoptive services.[2]

[1] DHEW, Office of the Assistant Secretary for Planning and Evaluation, unpublished estimates.
[2] Joint Hearings on Foster Care, December, 1975, unpublished.

CONCLUSION

This Factbook, like the Bicentennial Conference on Children sponsored in February, 1976, by the National Council of Organizations for Children and Youth, concentrates on three public policy issues of critical importance to the well-being of young children: better family income maintenance policies, better child health services, and better child care services. All are urgent and achievable goals for this Bicentennial Year.

There are of course other vital needs: decent housing, a more humane system of juvenile justice, and an equal chance for a more effective education, among others. The situation of children must be treated as a whole life experience, and public programs will not succeed unless they take the entire social and economic environment into account.

Nor can children be isolated from the rest of their community. Improvements in the quality of life for all Americans will benefit children; all adults, whether or not they are parents, have a stake in the lives of children.

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American Camping Association
American College of Nurse-Midwives
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American Federation of Teachers
American Foundation for the Blind
American Home Economics Association
American Library Association
American Lutheran Church—Division of Social Services
American Lutheran Church—Division of Youth Activity
American National Red Cross
American Nurses Association
American Occupational Therapy Assn.
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American Psychological Association
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Arrow, Inc.
Association for Childhood Ed. International
Association of Junior Leagues
Assn. of Medical School Pediatric Department Chairmen
Assn. of State & Terr. Maternal & Child Health & Crippled Children Directors
Athens-Clarke County 4-C
Auxiliary to the American Optometric Assn.

Big Brothers of America
Big Sisters International
B'nai B'rith Women

B'nai B'rith Youth Organization
Boys' Clubs of America
Boy Scouts of the U.S.A.

California Assn. for Maternal & Child Health
California Children's Lobby
Camp Fire Girls
Chicago Committee on Urban Opportunity Model Cities
Child Development Associate Consortium
Children's Foundation
Child Study Assn. of Maryland
Child Welfare League of America, Inc.
Church Women United
Citizens' Comm. for Children of New York, Inc.
College of Optometrists in Vision Development
Community Care and Development Services
Council of Jewish Federations & Welfare Funds
Cystic Fibrosis Foundation

Day Care and Child Development Division, Cook County Office of Economic Opportunity
Day Care Council of Nassau County
Day Care Council of New York City
Day Care Council of Tompkins County
Day Care Crisis Council of Chicago
DMIC, Prescad Project, Wayne County Health Dept. (Detroit, Mich.)

Epilepsy Foundation of America
Episcopal Church, Executive Council

Family Service Association of America

Girls Clubs of America

Hadassah
Home and School Institute
Human Rights Organization of Arizona

Institute of Life Insurance
Institutes for Religion and Health
Iowa Children's Lobby

Joseph P. Kennedy Jr. Foundation

La Causa Comun
Lambda Kappa Mu Sorority, Inc.
Lutheran Council-Missouri Synod
Lutheran Council in the U.S.A.

Maryland Committee for Day Care of Children
Massachusetts Committee for Children & Youth
Maternity Center Association
Mental Health Film Board
Metropolitan Area 4C Council (Portland, Oregon)
Minnesota Children's Lobby

National Alliance Concerned with School-Age Parents
National Association for the Education of Young Children
National Association of Children's Hospitals and Related Institutions
National Assn. of Social Workers
National Bd. of YWCA's in the U.S.A.
NICHD (National 4C's)
National Chicano Social Planning Council
National Child Day Care Association
National Committee on the Education of Migrant Children
National Conference of Catholic Charities
National Conference of Christians & Jews
National Consumers League
National Council of Churches of Christ in the United States of America
National Council of Jewish Women
National Council of Juvenile Court Judges
National Council of Negro Women
National Council of State Committees for Children and Youth
National Council on Family Relations
National Education Association
National Extension Homemakers Council
National Farmers Union
National Foundation-March of Dimes
National Jewish Welfare Board
National School Boards Association
National Urban League
National Youth Alternatives Project
National Youth Council on Civic Affairs
New York State Division for Youth
North American Council on Adoptable Children

OMEP, U.S. National Committee

Palo Alto Community Child Care
Parents Without Partners
Planned Parenthood-World Population

Quality Child Care, Inc.

Region IX-Council for Coordinated Child Care

Salvation Army, The
School Days, Inc.
Society of St. Vincent de Paul Superior Council of the USA
Southern Baptist Convention
Southern Regional Council
Standards Committee for Women, National Bureau of Standards

Teen-Age Assembly of America
Travelers Aid International, Social Service of America

United Auto Workers
United Church of Christ—Bd. for Homeland Ministries, Div. of Church Development
United Church of Christ—Bd. for Homeland Ministries, Div. of Health & Welfare
United Farm Workers
United Methodist Church—Bd. of Church and Society
United Methodist Church—Bd. of Discipleship, Div. of Education
United Methodist Church—Bd. of Global Ministries
United Neighborhood Houses of New York, Inc.
United Presbyterian Church—Health and Human Development
United Presbyterian Church in the U.S.A.
United Synagogue of America—Commission on Jewish Education
United Synagogue of America—Department of Youth Activities
Up With Children, Pueblo County Child Care Council

Volunteers of America

Westchester Children's Association
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